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ABSTRACT

Designed for special education teacher aides, the workbook is the basic text for a five module, competency based, inservice training program. The first module focuses on the role of the teacher and the teacher aide as a team in serving handicapped children. The second module stresses the characteristics of normal child development and the characteristics of handicapped children (listed by five principle handicapping conditions). The third module explains P.L. 94-142 (the Education for All Handicapped Children Act) including the individualized educational plan (IEP) and defines the components of diagnostic prescriptive teaching (objective observation, functional assessment, instructional objectives, task analysis, teaching strategies, teaching social skills, and preparing IEPs). Module 4 considers the unique needs of families with handicapped children and the role of the aide in working with these families. The final module outlines basic job skills necessary for the teacher aide, such as knowledge of school rules and regulations and ability to cooperate with the teacher. An annotated bibliography of training films, filmstrips, and videocassettes is appended. (PHR)

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THE TEACHER AIDE IS SPECIAL

WORKBOOK FOR **WHY NOT COMPETENCE?**

A Guide For Training Special Education Aides

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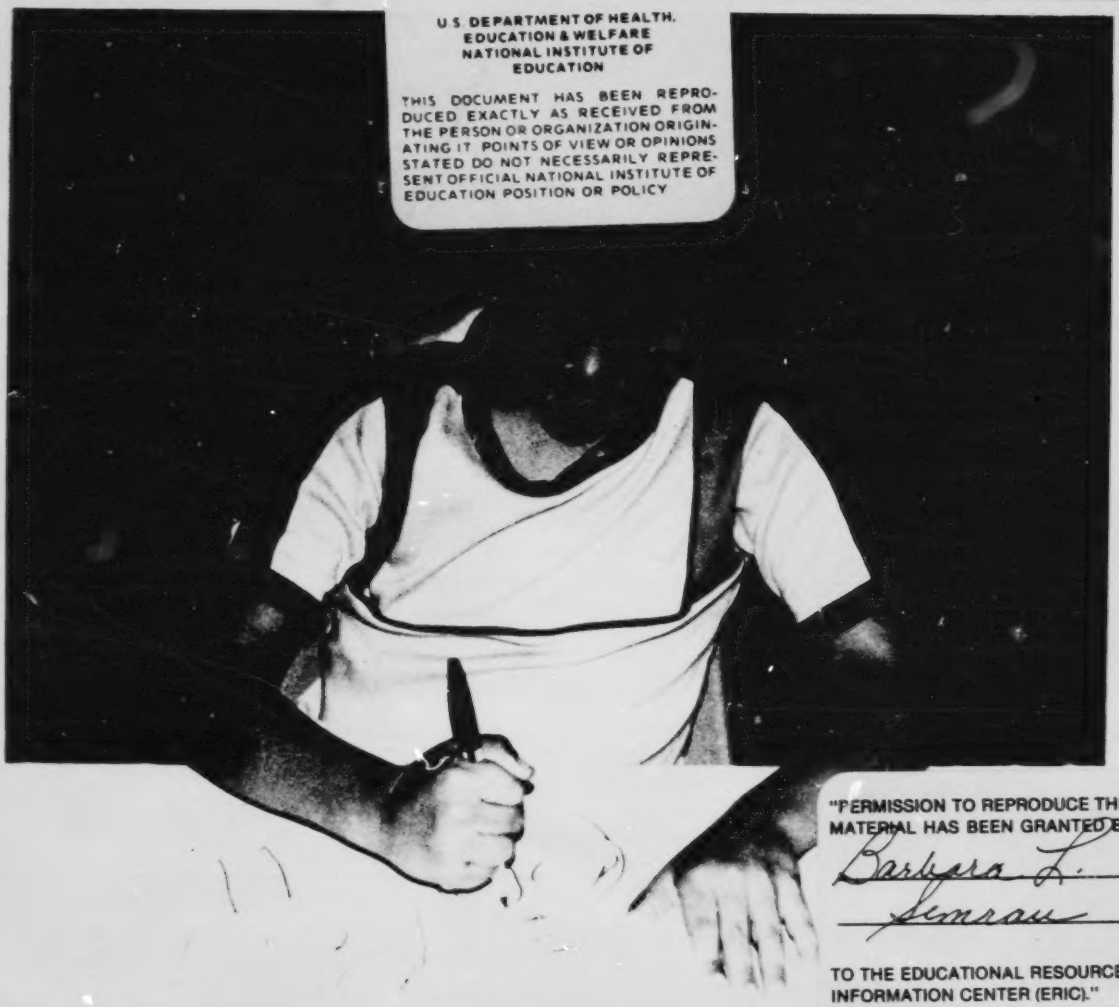

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THE TEACHER AIDE IS SPECIAL.

A Training Course for the Special Education Teacher Aide.

—by Barbara L. Semrau, David C. LeMay, M. Beth Tucker
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TRAINEES MANUAL

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INTRODUCTION

TO THE STUDENT

The title of this workbook, **The Teacher Aide is Special,** was not chosen lightly, and the word "special" is not used carelessly. It reflects a recent, and dramatic, change for the better in education. It also reflects the sincere belief of the authors that the teacher aide can be a most important force in this change for the better.

There has been, for a number of years, a gradual change taking place in public education. This change, supported by court decisions and Congressional Acts, has resulted in an increasing number of handicapped children being integrated into public school classrooms with non-handicapped children.

Handicapped children, as you know, have often been excluded from public education, assigned unjustly to institutions or segregated educational facilities. Many received no education at all! As a result, millions of America's children were either provided with an inferior education or were denied an education altogether.

Now, after a great deal of civil rights activity on the part of parents and concerned citizens groups, **it is no longer legal** to exclude a child from the public school solely on the basis of his handicap.

This process (integrating handicapped children in public school classrooms) has sometimes been called "mainstreaming", or moving the handicapped child into the mainstream of normal life.

The integration process protects the rights of handicapped children and greatly improves their chances for attaining a decent and healthy adulthood.

However, this manual has actually been designed to be used in an organized inservice training program. As the text for a competency-based course, it can be supplemented by the instructor's own knowledge and expertise. The instructor should be able to answer the many questions you would probably like to ask, and should provide the on-the-job consultation that is fundamental to the development of competence.

However you use this workbook, you should be aware of the competencies that are expected to be demonstrated at its conclusion.

Competencies for the Special Education Teacher Aide

This workbook is divided into five sections, each section being the basis for a separate training session in special education. The sections are:

- teacher and teacher aide working together
- understanding the special child
- teaching the special child
- understanding families
- job skills

Anyone employed in a particular job can only be expected to perform that job well if he or she knows in advance what is expected of him or her. In other words, there is a set of specific competencies that the employer expects the employee to demonstrate.

A waitress, for example, is expected to be able to prepare a table correctly, take an order accurately, serve the food swiftly and politely, calculate the bill correctly, and return the dishes to the kitchen. A waitress who knows what is expected of her is more likely to be a good waitress than the one who has only a vague idea of her responsibilities.

It should come as no surprise, however, that the inclusion of handicapped children in the regular classroom is difficult. Nor should you be surprised to discover that many people oppose this change.

The integration of handicapped children alarms many parents because they believe that their own children will be denied the attention they need. It concerns some teachers because many believe that the extra planning and paperwork, as well as the need to provide more intense one-on-one instruction, will hamper their ability to provide quality instruction to all of the children in the class.

We admit that these are valid concerns. They CAN constitute a serious problem. BUT, we also know, beyond a doubt, that the problem can be solved. One workable solution is the employment of trained and competent teacher aides—SPECIAL TEACHER AIDES—who can provide quality individualized instruction to the special child. This not only improves the quality of instruction for the special child, but it provides a tremendous support to the teacher, who is then better able to supervise the classroom and perform all of her duties to the best of her ability.

A Competency-Based Course in Special Education

This workbook is the basic text for a competency-based course for special education teacher aides.

What is a **competency-based** course? The answer lies in the word "competence".

Some courses, many college courses, for example, are not competency-based. They might consist simply of a certain number of hours spent sitting in a lecture hall, with the instructor giving a prepared presentation, followed by a test of basic knowledge. There is, in such a course, no guarantee that the student will be able to use any of this information when she finds herself in a job situation. Passing the test is the only measure of achievement.

As we all know from experience, passing a test is no guarantee of competence. Competence can only be measured by direct observation of a person in a job situation. If, for example, a person is taught how to conduct an evaluation of a child's basic skills, we can only be sure that this person has satisfactorily learned the lesson, by observing the trainee in a situation in which she actually conducts an evaluation of these skills.

In other words, a competent teacher aide is one who can **demonstrate** her ability to perform the tasks required of her. Passing a test is far less important than the trainee's ability to satisfactorily perform a set of tasks.

A competency-based course, then, is a course in which a trainee is provided with both classroom instruction and on-the-job supervision, during which he or she demonstrates competence.

The instructor of a competency-based course has a double responsibility. First, he or she must provide quality instruction, using lectures, presentations, films and filmstrips, role plays, discussions, activities, and any other means at his or her disposal, to convey the information the trainee needs to perform the job. But, secondly, he or she must provide on-the-job supervision and consultation, to assist the trainee in implementing the things he or she has learned.

You have, in your hands, a workbook which provides the basis for a competency-based course in special education. It contains a number of activities which will help you acquire the basic information you need to be a competent special education teacher aide.

If you do not have access to an organized training course, you may want to use the workbook as a self-instructional text.

At the beginning of each module in this workbook, there is a list of workshop objectives. At the end of each module dealing with classroom performance, there is a list of performance competencies, that you are expected to demonstrate at the conclusion of that section. When the instructor observes you as you work with the children, these are the competencies that he or she will be expecting you to demonstrate. And these are the competencies that you should expect of yourself.

A WORD ABOUT USING THIS WORKBOOK

If you are using this workbook in conjunction with an inservice training program, we recommend that the training be divided into ten three-hour training sessions. The outline for such a training course follows:

SPECIAL EDUCATION TEACHER AIDE TRAINING PROGRAM

30 hours of classroom instruction

15 hours of on-site supervision per trainee

Suggested Course Outline for ten three-hour workshops:

SESSION 1 – Course Overview
Module I – **Teacher and Teacher Aide Working Together**
Module II – **Understanding the Special Child**
A. Child Development
B. Handicapping Conditions

SESSION 2 – Module III – **Teaching the Special Child**
A. Public Law 94-142
Individual Education Plan
B. Diagnostic Prescriptive Teaching
1. Objective Observation

SESSION 3 – Module III – B. Continued . . .
2. Functional Assessment
3. Instructional Objectives

SESSION 4 – Module III – B. Continued . . .
4. Task Analysis

SESSION 5 – Module III – B. Continued . . .
5. Teaching Strategies

SESSION 6 – Module III – B. Continued . . .
6. Preparing Written Plans

SESSIONS 7 & 8 – Module III – B. Continued . . .
7. Teaching Social Skills

SESSION 9 – Module IV – **Understanding Families**

SESSION 10 – Module V – **Job Skills**
- Course Review
- Discussion of Individual Concerns

If you are simply using this workbook on your own, in an attempt to improve your teaching skills, we recommend that you proceed slowly through each section, supplementing the workbook with additional readings. At the conclusion of the workbook we have suggested additional readings, most of which are available through the local school system's administrative offices or at a university library.

However you are using this workbook, do so with the belief that YOU can be a competent special education teacher aide and YOU can make a meaningful contribution to the education of children with special needs.

GOOD LUCK!

MODULE I

THE TEACHER/TEACHER AIDE TEAM

The teacher aide will be able to:

- explain how the role of the teacher and the role of the teacher aide differ
- explain how the role of the teacher and the role of the teacher aide compliment each other
- complete a weekly schedule which clearly defines the responsibilities of the teacher and those of the teacher aide

MODULE I

THE TEACHER/TEACHER AIDE TEAM

Teamwork in the classroom is essentially the same as teamwork on the playing field. There is no need for a team when every member of the team has exactly the same skills and role to play. On every team, each member complements the others with skills and roles that are distinct. In the same way, the teacher and the aide have distinct roles. Although there is some overlap, each role serves a unique purpose.

This training course advocates the development of a TEAM APPROACH in serving handicapped children within the regular classroom. Since the roles are somewhat different, our task here is to differentiate the role of the teacher and the role of the aide. In other words, we must distinguish between the "professional" and the "paraprofessional".

Teacher and Teacher Aide Role Distinctions

The roles of the teacher and the aide compliment each other; they DO NOT conflict. In a well-organized classroom, where each adult has a clearly defined set of responsibilities, the integration of handicapped children should not disrupt the overall classroom, and in fact, it can improve it.

What, then, is the teacher's role and what is the role of the teacher aide?

The teacher remains the person with ultimate responsibility for the education of the children under her supervision. Even when teaching tasks are delegated to an aide, the teacher retains responsibility.

The teacher is a **professional,** and her skills reflect the years of training that she has pursued, and the experience that she has gained.

In the implementation of Public Law 94-142, the teacher must be intimately involved in the preparation of the child's Individualized Education Plan (IEP). The teacher, however, does not prepare the IEP in isolation. The parents are guaranteed a role in the making of decisions which affect their child's education. Likewise, the school unit is supposed to assign a professional special educator to assist the teacher and the parent by providing specialized guidance. In addition, when it is appropriate, the child himself shoud be consulted in determining his own goals and objectives.

The teacher not only prepares the IEP, but has ultimate responsibility for its implementation.

But, here is where the role of the teacher aide becomes so important. The introduction of children with special needs into the regular classroom often places time constraints on the teacher, and limits her ability to work effectively with all of the children in the class. The employment of competent teacher aides becomes a realistic and feasible method for reducing the teacher-child ratio and for making the implementation of the IEP easier.

The teacher continues to have primary responsibility, but the teacher aide, if well trained in implementing the IEP, can make a major contribution to the overall improvement of the educational program.

The Role of the Teacher Aide

The role of the teacher aide in the implementation of the Individualized Education Plan might be clearer to us if we create a hypothetical case study.

Take, for example, the case of Lynn Tolbert, a seven year old girl, enrolled in the regular classroom, but because of a severe hearing impairment and a related articulation disorder, is receiving special services.

Lynn's IEP specifies that she is to be served in the regular classroom eighty percent of the time, with twenty percent of her time being spent with a speech clinician and/or in a resource room, where intensive remedial activities are conducted.

The teacher aide has been assigned to assist Lynn, and spends a great deal of time with her in the regular classroom, assisting her with a variety of activities (designed by the teacher) to increase her language ability and to facilitate her social adjustment in her new environment.

When Lynn attends her speech session, the teacher aide attends with her, learning remedial techniques which she will employ later when they return to the regular classroom. In addition, the teacher aide spends time with Lynn in the resource room, herself receiving instruction in providing remedial education.

This intense involvement with Lynn results in the teacher aide's ability to serve as a link between the special educators and the regular classroom. It enables her to carry out activities in the regular classroom that are coordinated with the specialized educational programs conducted in the resource room. And . . . it enables the teacher to oversee Lynn's individualized education program without sacrificing her involvement with the other children.

Thus, by delegating much of the responsibility for implementing the IEP to a trained paraprofessional, both the parents' concerns about their children's education and the teacher's frustrations are eased.

Planning for Success

Nothing is more crucial to the successful operation of a classroom than PLANNING. A well prepared weekly plan, one that defines exactly what the teacher and the teacher aide are going to do on a day-to-day basis, will make individualized instruction possible. Without it, chaos and confusion will result.

Every classroom is different. Every teacher is an individual. Because of this, there is no way for us to specify exactly what the teacher and the teacher aide will do. Only YOU and YOUR TEACHER can do this.

We have included in this section a sample weekly plan of a "typical" kindergarten classroom. Look carefully at this schedule. The teacher, Ms. Jones, and the teacher aide, Ms. Crowley met together and planned the following week's activities. They determined which one would be responsible for each activity. They also planned for the parent volunteers who will be working with them in the classroom.

A plan like this is a guide for reaching the objectives that they have set for the children.

T – Teacher
A – Assistant
V – Volunteer

Schedule for Week of _____ **Unit** _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:00	TABLE ACTIVITIES AND ORGANIZED PLAY Puzzles Small Blocks	Pegboards Housekeeping Area	Legos Large Blocks	Playdough Housekeeping Area	Discussion – Plan for Field Trip
9:00-9:15	DISCUSSION Concept: Carrot	Concept: Potato	Concept: Lettuce	Concept: Beans	FIELD TRIP TO
	T Greet children and lead discussion				
	A Supervise table activities, play and clean-up				
	V Assist with table activities, play and clean-up				
9:15-9:45 and 9:45-10:15 groups rotate	FINE MOTOR Vegetable prints using paint and construction paper Match and name orange objects LANGUAGE/ COGNITIVE	Begin work on vegetable booklet using seed catalogs and magazines Match and name cut-out potatoes to outlines	Cut and paste in vegetable booklet Match and name green vegetables	Complete vegetable booklets Plant beans in cups. Count beans and cups	GROCERY STORE TO BUY VEGETABLES Take pictures with instant camera Return by 10:15
	T All language and cognitive lessons				
	A All fine motor lessons				
	V				
10:15-10:45	SNACK AND TOILETING Carrots, Cream Cheese, Juice	Potato Chips and Juice	Lettuce, Cabbage, Crackers and Juice	Canned Green Beans, Pretzels and Juice	PREPARE VEGETABLE SOUP TASTE ALL RAW VEGETABLES FOR SNACK Start cooking by 11:00
10:45-11:15	TABLE ACTIVITIES AND INDIVIDUAL LESSONS See plans below for individual children				
	T Toileting and individual activities				
	A Snack and individual activities				
	V Assist with snack and individual activities				
11:15-11:35	MUSIC Review old songs and finger plays. Teach vegetable song, adding one new vegetable each day, using plastic vegetables as props.				
11:35-12:00	OUTSIDE Dig in vegetable garden and free play	Plant seeds and free play	Plant seeds and free play	Water garden and free play	Vegetable "treasure hunt" with paper cut-outs
	T Outside and supervise washing for lunch				
	A Music and prepare lunch table with day's "helper"				
	V Outside – sandbox and jungle gym				
12:00-12:45	LUNCH, CLEAN-UP, TOOTHBRUSHING			*Cancel school lunch for tomorrow	Today we eat our own soup!
12:45-1:00	STORY AND GOOD-BYE "The Carrot Seed"	"Mr. Potato Head" (use toy and have children add parts)	Flannel board story – "The Lettuce Family"	"Jack and the Beanstalk"	Experience story: "Our trip to the grocery store" (use pictures taken on field trip)
	T Lunch and story				
	A Clean-up from lunch and toothbrushing				
	V Assist with clean-up and toothbrushing				

PLANNING FOR INDIVIDUAL CHILDREN

CHILD'S NAME	OBJECTIVE	SPECIAL ACTIVITY	PERSON RESPONSIBLE
Julie/Fred	Copy circles – chalk and chalkboard	Draw O and help them trace and copy	Ms. Love
Bert	Trace B	Bert	Ms. Love
Brenda	Trace Br	Brenda	Ms. Love
Randy/Peter/Tony	Draw horizontal and vertical strokes	Model 1st – put marker in child's hand "make one like this"	Ms. Jennings
Natisha/Robbie	Stack 2 blocks	Model, then guide their hands	Mr. Brook
Jon/Sue/Billy	Match 1st name	Use coded name cards and lotto board	Mr. Brook

Assignment

Before the next class, meet with the teacher with whom you work and complete a weekly schedule. Bring the completed schedule to our next class and be prepared to discuss your role, the teacher's role, the objectives that you are trying to reach, and the activities that you have designed to reach these objectives.

—sample taken from Educational Concepts
"Focus on Early Childhood Education: **PLANBOOK"**

MODULE I

TEACHER AND TEACHER AIDE WORKING TOGETHER

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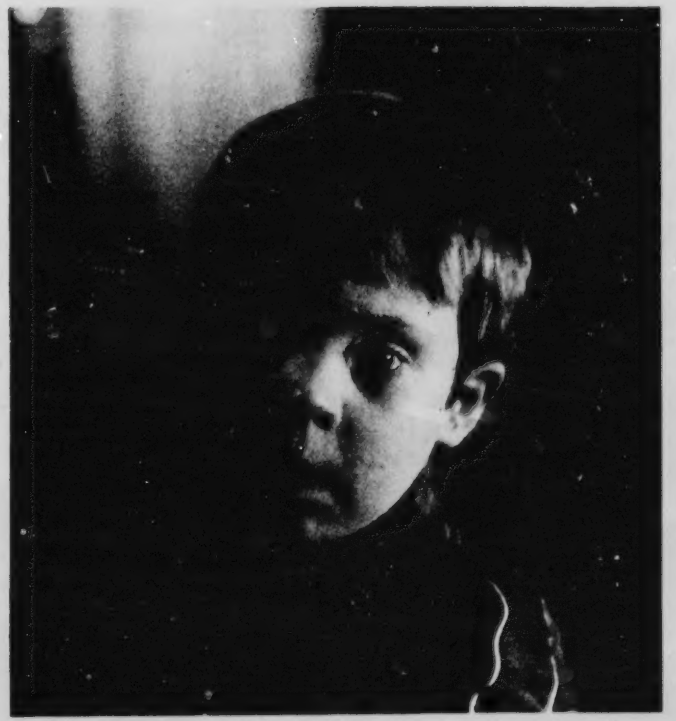
MODULE II

UNDERSTANDING THE SPECIAL CHILD

A. Child Development
B. Handicapping Conditions



MODULE II

UNDERSTANDING THE SPECIAL CHILD

A. Child Development

The teacher aide will be able to:

- explain why "normal" child development follows predictable sequences
- explain what we mean by "normal" child development
- list three characteristics of children at each year from 1 to 5

MODULE II

A. Child Development

Since this is a course in "special" education, you might wonder why we have a module on "normal" child development. Wouldn't it be more useful to deal with the handicapped child and those things that make him "special"? Yes, of course it is important for us to thoroughly discuss the variety of handicapping conditions that we are likely to encounter in our classrooms, and we will do that in the next section. But, it is more important for us to have a clear understanding of the "normal" child before examining those things that make a child "special".

The reason for this is that the special child has a lot more in common with the normal child than he has differences. In working with special children, we should keep in mind that they are first **children,** and only secondly are they **special.** In many ways, their behavior will conform to normal child behavior. In many ways, they will have the same interests, fears, joys, and hurts that other children have. In many ways, the teaching techniques we use with them are the same techniques we use with all other children. And, in many ways, our expectations for them should be the same expectations that we have for all children, namely, that they will grow and develop to their maximum potential.

Children, we should remember, are INDIVIDUALS, and have numerous individual differences. Each child is unique. If this is so, you might ask, how can we have such a thing as "normal" child development? Since children are unique individuals, doesn't each develop according to his own pattern, differing substantially from other children?

While it is true that children develop in unique ways, it is also true that they develop according to a specific plan, a plan that differs in some ways for each child, but a plan that is fairly constant for all children.

PRINCIPLE — Child growth and behavior follow a pattern that is remarkably similar for all children, causing each child to pass through certain stages that are extremely predictable.

Observation of child development proves conclusively that children pass through these predictable stages. It also proves that they pass through these stages at their own rate and in their own way. But, even though two children might pass through these stages at different times and at different rates, they will, nevertheless, pass through them.

Because child development is regular, patterned and predictable, we can refer to it as "normal". When children significantly deviate from this norm, we call them "special" or "exceptional". In the next section, we will deal in greater detail with these exceptionalities. For the present, let's take a look at child development that is considered "normal" or "average".

Child development is a step-by-step process. Children take one step at a time. Learning to walk, for example, may have as many as fifteen steps leading from pulling oneself to standing, to walking without holding on. In observing a child's development, we expect him to progress in a step-by-step fashion, rather than skipping from Step 1 to Step 10.

Keeping this step-by-step process in mind, we can see how important it is to determine a child's level or stage of development, and to guide him carefully to the next step. It is also important to remember that the child will go from one step to the next at his own rate of speed. Therefore, we must be patient with him.

Task analysis, which is an essential ingredient in prescriptive teaching, is based on this principle of step-by-step growth and development. When we deal with task analysis later, you will see the importance of obtaining a clear grasp of the sequence of development.

When we talk about stages of development, or characteristics of certain age levels, we are talking in very general terms. When we say that the "average" four year old behaves in a certain way, we do not mean that every four year old must act like every other four year old. We mean simply that there is a predictable **sequence** or **order** for these stages of development, and that children pass through these stages according to a predictable pattern. We also mean that it is fairly common, for example, for a four year old to be at a particular stage and perform certain types of behaviors. We do not mean, however, that every four year old, to be considered normal, must be at this particular stage at a given time. Keeping this in mind, let's take a look at some of the usual stages of development.

LITA

Lita is unique, but not unusual. In hundreds of little ways, she has developed as an individual. She has her own tastes, her likes and dislikes, the things she enjoys and the things that bore her. She has fantasies and imaginative friends whom no one else has ever met. She has fears that others do not share, and she has a unique relationship with her parents and her brother, a relationship that no one else will ever fully understand.

BUT . . . Lita is not unusual. In hundreds of other ways she is just like every other normal child her age. In spite of her uniqueness, Lita is moving step-by-step in a predictable fashion through the stages of child development.

At 7 months, Lita was pulling herself to standing in her playpen. Letting go always results in the same consequence . . . she falls. This doesn't deter her from pulling herself up again, and every time

she pulls herself up, she grows stronger and more secure in this activity. Soon, she will experiment with riskier activities, such as letting go with one hand, while clenching the rail with the other hand until her knuckles turn white.

Just a few months later, at one year, Lita is standing by herself, climbing on chairs, sometimes even reaching the top of the television. This is the period when the parent realizes how easy she was to take care of when she stayed in one place.

For the normal child, development is quite rapid, not just physically, but intellectually as well. More than one parent has been heard to remark at the first day of school, "I can't believe it all went by so fast! Just yesterday she was cuddled in my lap listening to her favorite story! Today she's climbing aboard a bus with her lunch pail in hand, waving goodby without a tear!"

At two, Lita spent hours in solitary play, lost in her own world of thought and experimenting with sand, and rocks and mud and spiders. Sitting alone, letting sand run through her fingers seems to be her whole world at the moment.

But, moments pass quickly, and at three she is pedaling off down the street, observing some basic rules of safety, and picking up new skills, such as riding a tricycle or catching a ball. Her language, too, is advancing steadily. New words creep into her vocabulary daily. Her sentences become more elaborate, with a more frequent use of adverbs and prepositions. Even pronouns are sometimes used correctly, although "him's" and "me's" are frequently heard.

At four, there is little that Lita can't do in the physical department. Climbing trees, using overhead ladders, scaling the heights of the jungle gym are "child's play" to her. Even skipping is now easy for her. She joins in organized games and simple group dances at preschool. The mind and the body move together through the stages of childhood.

At five, Lita is a mother, perhaps even with a career, and certainly with a "naughty" child who must be spanked and put to bed. Imaginative play, too, goes through a predictable sequence. It is the child's chance to create the world in his own image, to exercise control over subordinates, and to act out love relationships that are meaningful to them. Doll play is a recreation of the real world as the child perceives it, and it is vital to the normal development of young children. Even children without luxurious toys will create toys from sticks and cotton, or whatever scraps are lying around. It is an indication that emotional and intellectual development are proceeding along predictable and normal lines.

The six year old is faced with a whole new world, the world outside the home or the day care center. It is the world in which the child must learn to board the bus and get off at the right stop; the world in which fewer people are telling her what to do; the world in which she must begin to take responsibility for some of her own care and self-direction. It is a time for budding independence.

But it is also a time of trauma . . . the loss of teeth, the fear of being lost or forgetting what bus stop to get off at. But it is a time of new challenges . . . reading alone, adding numbers, planting seeds, and discovering that thunder is not really the "angels moving furniture around".

And at seven, Lita has begun to make the ultimate step toward independence . . . the discovery that her friends are very important people in her life and that her mother and father are not the boundaries of her world. The growth of these friendships encourages verbal interactions, learning to play by rules, discovering that others have rights, too, and learning to help others, or ask for help . . . and know that she will get it from her friends.

Normal child development, then, is a marvelous thing. It is remarkably similar for most children and it is predictable.

But, we know that there are some children who do not develop as we might expect. We know that there are children with severe impediments to development, children who will not make progress without a great deal of help from us.

It is these children, the "special" children, who are the focus of this training course, and it is the "special" child to whom we will now turn our attention.

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MODULE II

UNDERSTANDING THE SPECIAL CHILD

B. Handicapping Conditions

The teacher will be able to:

- list the five principal categories of handicapping conditions
- list common characteristics of children of low intellectual functioning
- explain several techniques appropriate for teaching children of low intelligence
- list the common neuromuscular and physical defects of children
- explain the procedure for handling an epileptic seizure
- list significant signs for identifying children with visual impairments
- explain techniques for integrating visually impaired children in group language lessons
- discriminate between "acting up" and a severe behavioral disorder
- list five signs of language or speech disorders
- list ten characteristics of a learning disabled child
- visit an agency serving handicapped children, complete a form describing the services provided, and report to the group

MODULE II

B. Handicapping Conditions

We have already seen what we mean by "normal" child development. The "normal" child is the "average" child, that is, the child whose development is more or less what we would expect it to be.

We have also seen that, in spite of individual differences, children are much more alike than they are different.

Nevertheless, there are millions of children whom we call "special" or "exceptional". We are now going to focus on these individual differences which are significant and which make a child "special". We are also going to examine those modifications that we must make, as teachers, to accommodate these children with special needs.

We should remember that education for the "special" child is essentially the same as education for the "normal" child. There is no mysterious, exceptional teaching method that must be employed for children with special needs. There are, however, certain changes or modifications that can be made to minimize the child's learning difficulties and maximize his successes in school.

Before we look at these modifications, let's examine the various ways in which a child might be exceptional.

PRINCIPLE — A child is considered "special" ONLY when it is necessary to change the regular educational program to meet his needs.

The child with special needs might have any one or a combination of the following characteristics:

- limited intellectual ability
- neuromuscular or physical defects
- abnormal social or emotional behavior
- limited communication skills
- specific learning disability

Many children have a variety of mild physical, social, emotional, or communication problems. When these problems are mild, however, the teacher merely needs to be aware of them and take them into consideration in planning an instructional program.

When these problems are so severe that the educational program must undergo substantial modifications, we are dealing with exceptional children. These are the children whose rights are protected by Public Law 94-142, and for whom a specialized program must, BY LAW, be developed. (We will deal in detail with Public Law 94-142 in Module III).

Remember that, even though we are going to examine each of these exceptionalities separately, the exceptional child often has a combination of problems. Rarely does one problem exist in isolation from others. The child with limited intellectual ability often has communication problems, delayed motor ability, limited or inappropriate social skills, and so forth. Similarly, the child with impaired vision frequently has impaired social skills, as well. Nevertheless, for the sake of simplicity, it seems efficient to deal with each special category separately.

Limited Intellectual Ability

The term "mentally retarded" is really too broad for our purposes here. Retardation can mean everything from a difficulty in learning to a deficit so severe that the child cannot talk, eat, or even move, in some cases.

Retardation is generally defined in terms of I.Q., or "intelligence quotient". The I.Q. is difficult to pin down, however. A person's I.Q. depends on the test given, the group on which the test was normed, the conditions under which the test was given, and the age of and environmental influences on, the person taking the test.

Usually, the following I.Q. ranges are used to determine how retarded an individual might be:

IQ 55-69	Mild Retardation
IQ 40-54	Moderate Retardation
IQ 25-39	Severe Retardation
IQ below 24	Profound Retardation

Although it is unlikely that a profoundly retarded child would ever be placed in a public school classroom, even on a part-time basis, we are likely to find mildly retarded children in our classes at any time. For this reason, we should discard the label of the IQ and look at the characteristics of these children that need to be considered in planning an educational program.

It is incorrect, and unfair, to assume that all children with limited intellectual ability have the same characteristics, and therefore, the same needs. Children with low intelligence are as individual as are children with normal intelligence. Before we list some of these characteristics, it might be interesting to test your own knowledge. You may, in fact, have a good idea of what to expect of the child with low intelligence. On the other hand, you might have some misconceptions. If so, it would be helpful to weed them out as soon as possible.

Exercise 1:

In the exercise below, try to list ten characteristics that you would expect of the child with limited intellectual ability:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If you listed "lovable" as a characteristic of a retarded child, you are suffering from a common misconception. Not all retarded children are "sweet", "lovable", and "cute", and these terms are useless in developing an educational program.

If, on the other hand, you listed characteristics that are clearly observable, and are directly related to the child's ability or inability to learn, then you are on the right track.

A list of possible characteristics could go on and on, since the human child is so complex, and so wonderfully put together. We are listing ten common characteristics. If those you listed are not on our list, it does not necessarily mean that you are wrong.

The child with limited intellectual ability often shows signs of:

1. being unable to follow directions that have more than one or two steps
2. being unable to direct his own play activities
3. being unable to create ideas, usually imitating others
4. being unable to understand things that happened in the past or will happen in the future
5. daydreaming or not paying attention
6. being unable to apply what has been learned in one situation to another situation
7. failing to find differences or similarities among objects or events
8. developing more slowly than others in such areas as walking, talking, or toilet training
9. having difficulty in running, hopping, putting puzzles together, holding a crayon, or performing other motor activities
10. being unable to learn material without instruction

A child with a severe intellectual limitation, especially if caused by a birth injury or a genetic problem, is usually identified at birth or soon afterwards. The mildly retarded child may not be identified until he is in pre-school or in the primary grades. By knowing what to look for, and watching carefully for signs of trouble, you can find the child with learning problems and provide help at the earliest possible moment.

The child with low intellectual ability can benefit from placement in a normal educational setting, but only if the teacher is aware of his strengths and weaknesses and provides the special help the child needs.

Exercise 2:

Listed on following page are some techniques for providing the slow learner with some special help. Read each, think about it, and then write a short statement explaining.

WHY you think this technique would be helpful:

1. Give instructions in short, simple sentences, one direction at a time:

2. Give the child materials that he can feel, see, smell, taste, or hear:

3. Present a lesson in a step-by-step manner, making sure the child completes the easier step before going on to the harder one:

4. Before moving from one activity to another, tell the child that a change is about to take place:

5. When teaching a lesson, repeat the lesson using a multi-sensory approach, that is, encourage the child to use all his senses:

6. Every time the child makes a correct response or succeeds at a task, praise him, or reward him in some way:

Each of these techniques is appropriate for the child with low intellectual ability. Check the reasons below with the reasons you gave in the preceding exercise.

1. Give instructions in short, simple sentences, one at a time:

   Since the slow learner has difficulty in following two and three step directions, the child's chances of success are greatly enhanced when the teacher provides simple, one-step directions. Keeping sentences short is also a help, since a lot of unnecessary words tend to confuse the child. Do not say: "Take this yellow book over there and put it on the shelf next to the other toys, and then come back and sit down." Say, instead, "Put book on shelf."

2. Give the child materials that he can feel, see, smell, taste or hear:

   The slow learner is often confused by words. A lesson that is presented only verbally will probably be meaningless to him. His other senses can be very helpful in grasping the lesson.

3. Present a lesson in a step-by-step manner, making sure that the child completes the easier step before going on to the harder one:

   Most skills are learned in a step-by-step manner. We stand before we walk, walk before we run. We scribble before we draw straight lines, draw straight lines before we form letters. Make sure the child is performing a task at the appropriate level.

4. Before moving from one activity to another, tell the child that a change is about to take place:

   Many children move easily from one activity to another. Some children, however, may be confused by sudden changes. Preparing him for a change will make him less confused.

5. When teaching a lesson, repeat the lesson using a multi-sensory approach, that is, encourage the child to use all his senses:

   A lesson presented in a single fashion, such as showing a picture, is unlikely to be grasped. The slow learner needs repetition in order to learn. Show a picture, let the child feel or taste the object, speak the word slowly, and let the child manipulate the object by himself. This repetition will help immensely.

6. Every time the child makes a correct response or succeeds at a task, praise him, or reward him in some way:

   It is the principle of both animal and human behavior that any action that brings a reward is more likely to occur again. Letting the child know that he has done well and that you are pleased will increase the child's chances of performing the task correctly the next time he is asked to do so.

Neuromuscular or Physical Defects

Neuromuscular and physical defects are generally obvious, and most children with severe defects have been identified prior to entering school. Some defects, however, may be less severe and may not show up until later. The teacher should be alert to the indications that a child might be suffering from visual or hearing impairments, epilepsy, or other mild physical problems.

We can categorize neuromuscular and physical defects as follows:

1. **Cerebral palsy:** a motor disability caused by damage to the brain, occurring either during pregnancy, during birth, or after birth. Cerebral palsy can be slight, making the child merely clumsy, or it can be very severe, causing great difficulty in actions as simple as chewing or swallowing.
2. **Epilepsy:** a neurological impairment resulting in seizures, either minor (Petit Mal), characterized by a momentary loss of consciousness, or major (Grand Mal), a series of contractions and relaxations of the muscles, usually lasting two to three minutes, with a loss of consciousness.
3. **Spina bifida:** a congenital condition in which the spine does not completely close, leaving an opening in the neural tube.
4. **Minimal cerebral dysfunction:** a condition in which the child has difficulty in learning, but for no apparent reason. These children are sometimes called the "learning disabled".
5. **Orthopedically impaired:** a crippling condition which interferes with the normal functioning of the bones, joints, or muscles. This category may include children with birth defects, and those who are injured later.
6. **Visual impairments:** a visual defect which, even after corrective surgery or the use of glasses, leaves the child unable to read print.
7. **Blindness:** a condition in which the child is sightless and must receive instruction through senses other than sight.
8. **Hearing impairments:** an auditory defect which leaves the child hard of hearing, although able to hear with the use of a hearing aid.
9. **Deaf:** an auditory defect which requires that instruction be provided through senses other than hearing.

The vast majority of children with neuromuscular or physical defects can benefit from placement in the regular classroom. They do, however, require special attention, and the curriculum must be adjusted to the needs of each child.

Exercise 3:

If you were teaching a second grade class and a child suddenly had a Grand Mal epileptic seizure, passing out and having convulsions for two to three minutes, how would you handle the situation?

Hints for Working With Children Who Have a Seizure:

Remain calm, ease the child to the floor, remove all furniture from the area to prevent injury to the child, allow the child to rest following the seizure, notify a nurse so the physician or parents may be informed, and when the child is out of the room explain to the other children what has happened. In all other situations, treat the child as normal, for in all other ways, he is!

It is true that the deaf or blind child will be identified at an early date, and the condition will be obvious to you. Nevertheless, there are many children with hearing impairments and visual impairments who remain unidentified. As a teacher, you should be alert to the signs that a child may be having difficulty with either his vision or his hearing.

Exercise 4:

There are numerous signs that a child may have an eye defect. An alert teacher can generally spot these signs and refer the child for corrective measures. On the lines below, list ten signs that might indicate that a child has an eye problem:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Consider the Following Characteristics When You Think the Child Might Have a Vision Problem.

1. crossed-eyes
2. red-rimmed, encrusted, or swollen eyelids
3. inflamed or watery eyes
4. recurring styes
5. rubbing eyes
6. shuts or covers one eye, tilts head, thrusts head forward
7. reads with book close to eyes
8. blinks more, irritable when doing close work
9. stumbles over small objects
10. unable to see distant things clearly

11. squints eyelids together and frowns
12. complains of itching eyes
13. complains of being unable to see well
14. complains of being dizzy
15. complains of headaches
16. becomes nauseous
17. complains of blurry or double vision

When a child has a visual impairment that prevents him from learning, the teacher must modify the classroom, the curriculum, and the method of instruction to accommodate the special needs of this child. There are many ways to change the materials and the method of instruction.

Exercise 5:

Since language development is often slowed by a hearing impairment, the teacher must change the way in which she provides language instruction to minimize the child's language delay. If you were teaching a language lesson to a group of first graders, what things would you do to integrate a hearing impaired child?

Abnormal Social or Emotional Behavior

We often hear teachers complain "He is such a behavior problem!" It is true that no child's behavior is perfect, and that some children need extra help in adjusting to group settings, peer relationships, separation from parents, or adult authority. It is normal for children to "act up", as any parent will tell you.

PRINCIPLE — A child is only socially or emotionally handicapped when his behavior is so abnormal that it interferes with his own growth and development, or seriously disrupts the lives of other children.

A severe behavior problem requires the attention of a professional. Nevertheless, there is much that a classroom teacher can do to modify the child's behavior along more acceptable lines. We will deal with methods of behavior management later in this text.

Limited Communication Skills

No child can develop normally if he has severe communication problems. Communication is grouped into: **language,** which involves speaking, listening, reading, and writing, with all their components (grammar, vocabulary, semantics, etc.) and **speech,** which involves the production of sound (articulation, pronunciation). Speech problems are considered severe when the listener pays unfavorable attention to the speaker. Speech problems of a severe nature require the attention of a specialist. The classroom teacher, however, can be very helpful in providing follow-up instruction and in carrying out a remedial program designed by a clinician.

Language problems are grouped into **expressive language,** the inability to give information properly, and **receptive language,** the inability to receive correct information about sounds and language.

Exercise 6:

The classroom teacher can be instrumental in detecting language problems in young children. Based on your knowledge of child development, list five signs that would alert you to a developmental language problem:

1. _____
2. _____
3. _____
4. _____
5. _____

The Following Characteristics Would Also Be Signs That the Child Might Have a Developmental Language Problem:

1. The child does not talk by the age of two.
2. The child does not use two and three word sentences by the age of three.
3. After age three, the child's speech is difficult to understand.
4. The child omits beginning sounds and ends of words.
5. The child is embarrassed by his speech.
6. The child's voice is either too high or too low, too loud or too soft.
7. The child uses only a few words.
8. The child doesn't use prepositions, articles or plurals.
9. The child cannot use opposites, or identify similarities or differences.
10. The child does not use past or future tenses of verbs.

Specific Learning Disability

Learning disabilities are far more difficult to diagnose and treat than are many of the other handicapping conditions. It is even difficult to define what is meant by "learning disability", and the scholars disagree among themselves.

Nevertheless, it is possible to make some general statements about the potentially learning disabled child, and to provide guidance in recognizing a potential learning disability.

The so-called "learning disabled child", is a child of normal intelligence, normal motor ability, normal vision, normal hearing, and normal emotional adjustment, but who still shows evidence of a deficiency in spoken or written language, including disorders in perception, listening, thinking, talking, reading, writing, spelling, or arithmetic.

Although there are a number of characteristics that we generally recognize in learning disabled children, the presence of any of them does not necessarily indicate a severe learning disability.

If a child has a large number of the following characteristics, and there is no apparent reason (other handicap), he may be learning disabled. Some of these characteristics are:

1. general clumsiness
2. inability to follow directions
3. short attention span
4. distractibility
5. hyperactivity
6. perseveration
7. marked motor problems
8. distorted self-image
9. confusion between left and right
10. letter reversals
11. poor copying ability
12. inability to match shapes and colors
13. poor figure-ground discrimination
14. poor eye control
15. poor fine motor control
16. poor gross motor control
17. poor rhythm and tapping skills
18. poor sequential memory
19. excellent memory in one modality (hearing, sight, etc.) but poor memory in another modality
20. immature expressive language

The classroom teacher often needs the help of a specialist to design a program for a learning disabled child. Prescriptive teaching is essential. The methods to be used in instruction are similar to those used with children of low intelligence, namely, reduce distractions, teach in a step-by-step manner, reward success, give one-step directions, use a multisensory approach, and use the child's strengths to work on his weaknesses.

Note: *Much of the material in Module II B was adapted from "Who Are Children With Special Needs?",* **Handicapped Children in Head Start Series,** *(Reston, Virginia: The Council for Exceptional Children), June, 1974, pp. 17-28.*

Resource Agencies

In working with handicapped children, it is important to remember that the classroom teacher does not have to work in isolation. There are numerous resource agencies locally, regionally, statewide, and nationally, to provide assistance, training, guidance, technical advice, diagnosis, therapy, materials and information.

Assignment:

On the following page is a form to be completed by you. It is important that you familiarize yourself with the agencies that are serving the handicapped children in your community, so that, should you need assistance, you will know what services are available and you will already have established an important contact with a resource provider.

Please take this form, visit the agency, learn as much as you can about the services available, complete the form, and be prepared to make a report to the group in the next class meeting.

If you are using this text by yourself, rather than in an inservice training session, you might want to duplicate the form, visit a number of agencies, and keep a resource file in your classroom. When a problem arises, you will have help at your fingertips. REMEMBER TO CALL AHEAD AND MAKE AN APPOINTMENT BEFORE YOU VISIT THE AGENCY. YOU WILL BE BETTER RECEIVED, AND YOUR VISIT WILL BE MORE PROFITABLE!

Agency Visitation Form

RESOURCE AGENCY

Name of Agency: _____

Contact Person: _____ Title _____

Address: _____
(Street or P. O. Box Number)

_____
(City) (State) (Zip)

Telephone _____
(Area Code)

. . . . . .

Hours: _____ (Monday-Friday)

Open Weekends: _____ Yes _____ No Emergency Number: _____

Staff

_____ Psychologist
_____ Counselor
_____ Social Worker
_____ Educator
_____ Orthopedist
_____ Lawyer
_____ Clergyman
_____ Nurse
_____ Audiologist
_____ Physical Therapist
_____ Occupational Therapist
_____ Physician
_____ Optometrist
_____ Dentist
_____ Dental Hygienist
_____ Other _____
_____

Services Provided: (Describe Briefly) _____

_____

_____

_____

(continued)

Fee Schedule: Fixed Fee _____ (Amount)

Sliding Scale: _____ yes _____ no

Does this agency provide direct services to school aged children? _____ yes _____ no

Does this agency provide services to families? _____ yes _____ no

Does this agency provide services to schools? _____ yes _____ no

Does this agency provide speakers for public gatherings? _____ yes _____ no

If so, for children? _____ yes _____ no

for adults _____ yes _____ no

Does this agency have information available for public distribution? _____ yes _____ no

If yes:

Audio-visual Media? _____ yes _____ no

Printed Material? _____ yes _____ no

Is the material: _____ free?

_____ for rent?

(Fee: _____)

Comments: _____

_____

_____

_____

MODULE II

UNDERSTANDING THE SPECIAL CHILD

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MODULE III

TEACHING THE SPECIAL CHILD

A. Public Law 94-142
"The Education of All Handicapped Children Act"

B. Diagnostic Prescriptive Teaching

MODULE III

TEACHING THE SPECIAL CHILD

A. Public Law 94-142 – The Education of All Handicapped Children Act

The teacher aide will be able to:

- identify some of the historical injustices toward handicapped children, prior to the passage of P. L. 94-142
- explain what is meant by "free, appropriate, public education"
- explain what is meant by "nondiscriminatory testing"
- explain what is meant by "least restrictive environment"
- explain why a regular classroom is considered to be less restrictive than a residential center
- explain what is meant by "due process of law"
- briefly explain the various sections of the IEP
- match all five components of the law with a brief description on each

MODULE III

A. Public Law 94-142 – "The Education of All Handicapped Children Act"

On November 29, 1975, President Gerald Ford signed into law "The Education of All Handicapped Children Act" (Public Law 94-142). Under the mandate of this law, **every** American child, regardless of handicap, is guaranteed a right to a free, appropriate public education. "Appropriate" means that the type of education the child receives is well-suited to his individual needs.

By this law, too, it is decreed that, when appropriate, handicapped children shall be educated along with children who are not handicapped, a process sometimes called "mainstreaming", or moving handicapped children into the mainstream of normal life.

For the person who has not been closely following developments in special education over the last eight years, it might seem that the integration of handicapped children in regular classrooms came unexpectedly, like a "bolt out of the blue". If that is your impression, it is erroneous.

Integrating handicapped children into regular classrooms is far from revolutionary. It did not occur suddenly. As a matter of fact, it has been a slow, evolutionary process. But, like all slow, evolutionary processes, it went unnoticed, and took many by surprise.

Since 1971, the courts, state legislatures, and the Congress of the United States, have been establishing a series of standards which have had a profound effect on the type and quality of educational services being provided handicapped children.

The Education of All Handicapped Children Act (Public Law 94-142) is the culmination of this evolutionary process. This Act guarantees every American child, regardless of handicap, a right to a free, appropriate public education. P.L. 94-142 is the heir to other acts and amendments.

Much of what is specified in P.L. 94-142 was already contained in the Education Amendments of 1974 (P.L. 93-380). The singular difference however, is that P.L. 94-142 is more sweeping in its intent, and contains mandatory guidelines which close the loopholes which weakened earlier acts.

P.L. 94-142 was the logical outgrowth of a series of court decisions and the passage of state and federal laws. Two of the most widely applauded court decisions were:

- Pennsylvania Association for Retarded Children vs. the Commonwealth of Pennsylvania (1972), which decreed that the state could not apply any policy that would postpone, terminate, or deny children who are mentally retarded access to a publicly supported education.
- Mills vs. the Board of Education of the District of Columbia (1972), which ruled that all school age children, regardless of the severity of their handicap, were entitled to an appropriate free public education.

Both court decisions, and indeed, all those that followed at the state and federal levels, were based on a single precedent, the famous court decision, **Brown vs. the Board of Education** (1954) which struck down racial segregation as a legally sanctioned system. The Brown decision, as you will remember, stated that "In these days it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity for an education. Such an opportunity, where the state has undertaken to provide it, is a right that must be made available to all on equal terms."

It is obvious, then, that any action which protects the civil rights of the handicapped, is simply another step in the wider civil rights movement, the movement which has been underway for decades.

P.L. 94-142 is civil rights legislation, aimed at removing stigmas, discrimination, and injustices which injure handicapped children.

In passing the Education of All Handicapped Children Act, it was the intent of the Congress to reverse a social trend which had succeeded for decades in denying handicapped children access to appropriate educational services.

Exercise 1:

You may be aware of the injustices suffered by handicapped children in past years. Or, you may be totally unaware of them. In the exercise below, think about some of the possible injustices that might have been part of our national treatment of handicapped children and list the ones you can think of.

1. _____
2. _____
3. _____
4. _____
5. _____

Although there were numerous injustices perpetrated against handicapped children in the past, it must be admitted that they were often done with the best of intentions, or at least, out of ignorance of the facts.

Nevertheless, we are no longer ignorant of the facts, and it is time to reverse some of these trends in educational policy.

Some of the injustices that were widely practiced were:

1. the inappropriate labeling of children, based on insufficient information or discriminatory tests
2. changing a child's educational status, sometimes without the consent or even the knowledge of the parent
3. placement of handicapped children in special classes based on faulty test data
4. identification of minority children as "educable mentally retarded" based on test results not administered in the child's primary language or based on culturally biased test results
5. the inappropriate placement of children due to undetected or misdiagnosed handicaps
6. the treatment of all handicapped children as if they were alike, placing blind, deaf, retarded, and physically impaired children in a single group
7. the isolation of handicapped children from nonhandicapped children
8. the denial of an education, based on arbitrary decisions of school administrators, without recourse or appeal rights

Public Law 94-142, the Education of All Handicapped Children Act, was designed to eliminate many of these injustices. This law has five major components. The law states that:

1. The handicapped child has a RIGHT to a free, appropriate public education
2. The handicapped child has a RIGHT to a nondiscriminatory evaluation
3. The handicapped child has a RIGHT to placement in the least restrictive environment
4. The handicapped child has a RIGHT to the due process of law
5. The handicapped child has a RIGHT to a quality educational program, as outlined in an Individualized Educational Plan (IEP)

Let's briefly review each of these components of the law. Although we will touch on each of the components, it is the fifth component, the Individualized Education Plan (IEP), that most directly affects the classroom teacher. We will discuss the IEP here, but it will receive more attention in the next section of this text.

The Right to a Free, Appropriate Public Education

There are three key words in this component of the law; they are: **free, appropriate** and **public.**

In the past years, it was often decided by school administrators that a child's handicap was so severe that the school simply could not accept the responsibility of dealing with it. As a result, parents were forced to look elsewhere for child care, usually at great expense to them.

Now, under P.L. 94-142, a **free,** education is guaranteed to every child, and no parent can be forced to pay for services. If the school administrators decide, along with the parent, that the child would be better served in a private institution, the school must pay all tuition, food, and transportation costs, as well as any costs incurred in providing special services that would normally be provided by the school.

Secondly, the education provided to the child must be **appropriate,** that is, it must be tailored to suit the individual needs of the child. It would be inappropriate, for example, to place a severely handicapped child in a regular classroom without the provision of any specialized services. On the other hand, it would be inappropriate to place a mildly handicapped child in a self-contained special classroom along with severely handicapped children. Each child must be treated as an individual, and a decision on appropriateness must be made for each child.

And, thirdly, the child is guaranteed the right to **public** education, either in the public school itself, or in a special program, but at public expense.

The Right to a Nondiscriminatory Evaluation

It is felt that a major injustice has been committed against children by labeling them "mentally retarded", or "emotionally disturbed", based on the administration of discriminatory tests. If, for example, a child's primary language is Spanish, and he is tested in English, it is unlikely that he will do as well on the test as would an English-speaking child. In addition, numerous minority children have been placed in EMR classrooms based on the results of I.Q. tests which are believed to be both culturally biased against minorities and normed on an unrepresentative sample of the population, a sample which often excludes minorities.

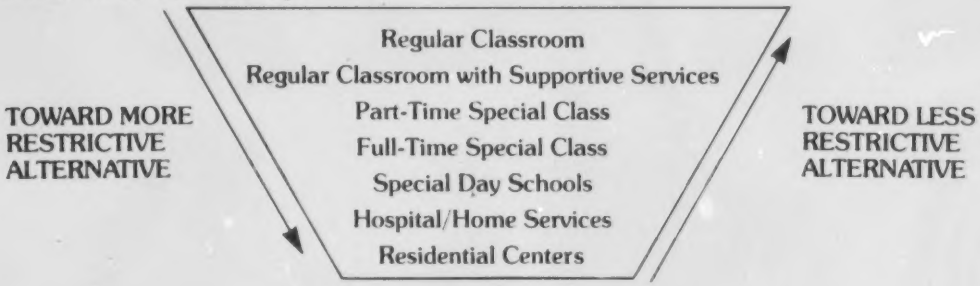
As a result, P. L. 94-142 states that any tests given to the child must be administered in the child's primary language and that no child can be placed in a special program solely on the results of a single test. Two or more tests must be used as the basis for placement decisions.

The Right to Placement in the Least Restrictive Environment

It is clear that some children require more specialized services than others. It is equally clear that the placement of a severely handicapped child in a regular classroom with no support services, is totally inappropriate. What, then, is the principle we use in deciding where to place a child?

The law stipulates that the child should be placed in the **least restrictive environment,** which simply means that when it is appropriate to place a child in a residential center, then the child should be placed in a residential center. But, if the child merely needs to attend a special day school, while living at home, then it is more restrictive to place him in a residential center. A special day school is considered less restrictive than a residential center, and the child is entitled to placement in the least restrictive environment.

The following chart demonstrates a hierarchy of services, with the most restrictive on the bottom and the least restrictive on the top.



The Right to Due Process of Law

The right to due process of law protects both the rights of the child, and the rights of the parents. Parents retain the right to appeal any decisions regarding their child, and to have a hearing before an impartial hearing officer.

The due process component guarantees that the parent be informed in writing (in their native language) of any school decisions regarding placement, that the parent be given an opportunity to appeal, to receive counsel, to call witnesses, to subpoena documents, to appeal to the State, and to bring civil action, if necessary.

This component is, of course, of greater concern to school administrators than it is to the classroom teacher, but teachers must be aware of it because they are often involved in placement decisions and may be called as witnesses in hearings. Classroom records and test results may also be subpoenaed in a case, and the teacher must make sure that records are in order, are up-to-date, and are objective and fair.

The Right to a Quality Educational Program, as Outlined in An Individualized Education Plan (IEP)

Placing the child in a public school classroom might fulfill the letter of the law, but it is not enough to fulfill its spirit. It was the intent of Congress to guarantee a **quality** education, not just school placement.

One method for increasing the chances that the child will receive a quality education is the requirement that an Individualized Education Plan (IEP) be developed for each handicapped child.

What is the IEP? It is simply a written plan, which specifies the child's strengths and areas of concern, a determination of goals and objectives that the teacher will try to meet for this particular child, a statement of whose responsibility it is to carry out various activities, a statement of any special services that must be provided to the child, a statement of the extent to which the child will participate in the regular school program, and a timeline for the expected achievement of the objectives.

The IEP is developed by a team, usually consisting of the teacher, the teacher aide, a special educator, and the parent. It is the basis for the child's participation in the regular school program. It should be remembered, however, that the IEP is not static. It is not simply developed, and then filed away for the rest of the year. It should be referred to frequently, and be updated periodically, as the child makes progress or as his situation changes.

The IEP is the component of the law that most affects the classroom teacher. For this reason, we will go into great detail on this subject in the remainder of this workbook. The implementation of the IEP is the major goal of prescriptive teaching, and we will see much more of it later.

For the time being, it is sufficient to stress the primary functions of the IEP, so that we understand the concept itself, and to take a brief look at the typical IEP form.

THE IEP

- is the basis for discussion in program planning
- is an organizer for the development of curriculum
- makes educational practices visible to all concerned
- allows involvement of all concerned
- enhances the development of complete activities
- enhances the development of complete services
- supports movement toward normalization
- supports growth potential
- fosters educational accountability

The Individualized Education Plan (IEP)

In this Module, we are going to look carefully at a case study of Louis, a six year old child entering the first grade. Because of Louis' fine motor problems and his developmental lag in learning to recognize symbols, Louis has had an Individualized Education Plan prepared for him according to the requirements of Public Law 94-142. (For the remainder of the text we will simply refer to the Individualized Education Plan as the "IEP".)

Take a careful look at the IEP we have included for Louis. At present, only some brief personal information on Louis is included. As you proceed through the training you will complete the rest of the IEP.

For the time being, let's just take a look at the various sections on the IEP and go over the purpose of each.

On the first page is some personal information (name, school, teacher, sex, birthdate and primary language of the child).

There is also some health information. Of particular importance are the places for recording visual and auditory limitations (of which Louis has none), the condition of the teeth, since severe orthodontic problems might interfere with the acquisition of speech (Louis is normal), and any medications the child might be taking, since medications often affect the child's ability to learn or control his own behavior.

Also, on the first page is the FUNCTIONAL ASSESSMENT, which is a brief statement of the child's strengths (the things he does well) and the areas of concern (the things that he does poorly, or not at all). Functional Assessment is dealt with later in great detail, and you will learn how to perform a functional assessment of a child's strengths and weaknesses.

As you open the IEP form, you will notice a number of small boxes around the outside margin. These are for recording information vital to the conduct of an individualized educational program for Louis. In these boxes, we record such information as:

- the persons responsible for implementing the IEP (usually the teacher or the aide)
- resource persons (speech clinician, physical therapists, etc.)
- the persons involved in developing the IEP (usually the teacher, a special educator and the parent)
- special instructional materials needed (such as large puzzles, special scissors, etc.)
- special equipment needed (such as a wheelchair, a special desk, etc.)
- a description of the extent to which the child will participate in the regular classroom (for example: the child might spend half the day in the regular classroom and half the day in a resource classroom)
- standardized test results (such as reading levels, math levels, vocabulary, etc.)

In the center of the IEP form there are three sections. The first section, THE PRESENT LEVEL OF FUNCTIONING, is used to record the skills that the child is NOW able to perform. The bottom section, LONG TERM or ANNUAL GOALS, is used to determine the skills that you would like the child to have acquired AT THE END OF THE YEAR. And, the center section, SHORT TERM GOALS, is used to determine the step-by-step goals that you will set for the child which will lead to the Long Term Goals. On the reverse side of the IEP form are two sections. The first section is used to recommend any special services that the child might need, such as physical therapy or speech therapy, and the signatures of the professionals who recommend such services.

Individual Education Plan

Child's Name: LAST	FIRST	MIDDLE
CARROLL	Louis	John

Center or School: ELMYRA ELEMENTARY SCHOOL

City: ELMYRA State: AR Sex: ☐ Female ☑ Male

Teacher: MS. STONE Child's Date of Birth: 5/29/73

Child's Primary Language: English Child's Secondary Language (if applicable): N/A

PERSONAL INFORMATION

HEALTH:

Eyes: Normal Ears: Normal Teeth: Normal

Medications: None Prescribed by: — M.D.

Physical Restriction: None

Other Comments: Poor Motor Control / Developmental Lag

FUNCTIONAL ASSESSMENT

Areas of Strength

Areas of Concern:

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Person(s) responsible for implementing I E P

Resource Person

INDIVIDUAL EDUCATION PLAN FOR

Date of Entry in to Program

	SOCIAL	WRITING
PRESENT LEVEL OF FUNCTIONING		

Short term goals should be designed so that they take a child from his present level of functioning, in a step-by-step progression (task analysis) toward his long term goals. Use the accompanying short-term goal cards to record the steps you will use to lead the child toward his long-term goals. Store these cards in this folder.

LONG TERM OR ANNUAL GOALS		EXPECTED DATE	DATE ACHIEVED		EXPECTED DATE	DATE ACHIEVED

SPECIAL INSTRUCTIONAL MATERIALS REQUIRED:

SPECIAL EQUIPMENT REQUIRED:

Persons involved in development of I. E. P

MATHEMATICS	CONCEPTS	READING

DESCRIBE THE EXTENT TO WHICH THE CHILD WILL PARTICIPATE IN THE REGULAR CLASSROOM

STANDARDIZED TEST RESULTS

TEST	RESULT

SPECIAL SERVICES RECOMMENDED AND/OR FUTURE PLANS

Person(s) Recommending Services _____

NAME	SIGNATURE	ADDRESS

Parents Signature _____

PARENT'S APPROVAL

My child's folder has been reviewed by me on each of the dates listed below. The teacher has explained my child's individual educational plan to me, and I understand and approve it.

Date of Parent Conference	Parent's Signature

You should remember that it is ILLEGAL to place a child in a special classroom or in any kind of special program, as well as to determine an educational program for a child, without the parents' knowledge and consent. Therefore, the bottom section of the last page is used to verify that the parent has been informed of the provisions of the IEP and that he/she consents.

As we proceed through this course, each section of the IEP will be completed. This will make its purpose and utility clearer to you. You will discover that the IEP is a very useful tool for planning and implementing a specialized instructional program for a special child.

Exercise 2:

On the left is a description of each of the five components of Public Law 94-142. On the right are the names of each component. Match the description with the name:

_____ 1.	Deciding where to place a child	a.	Nondiscriminatory testing
_____ 2.	Notifying the parent of decisions, and of their appeal rights	b.	Individualized Education Plan
_____ 3.	Evaluating a child's abilities	c.	Least Restrictive Environment
_____ 4.	Developing a specific program for the child	d.	Free, appropriate public education
_____ 5.	Providing an education at public expense	e.	Due Process

MODULE III

TEACHING THE SPECIAL CHILD

A. Public Law 94-142
Individual Education Plan

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MODULE III

B. PRESCRIPTIVE TEACHING

The teacher aide will be able to:

- explain the similarity between a medical diagnosis and diagnostic prescriptive teaching
- define the major steps in prescriptive teaching
- define the "Case Study Approach"

MODULE III

B. Prescriptive Teaching

Prescriptive teaching has a medical ring to it, doesn't it? That's because in teaching handicapped children, the teacher's role is not unlike the physician's. When a person is ill, the doctor carefully examines him, makes a diagnosis, and prescribes a remedy. In the same way, the teacher who is attempting to individualize instruction for the handicapped child must realize that the child is having a problem in learning, that the problem has a cause, and that a remedy must be prescribed.

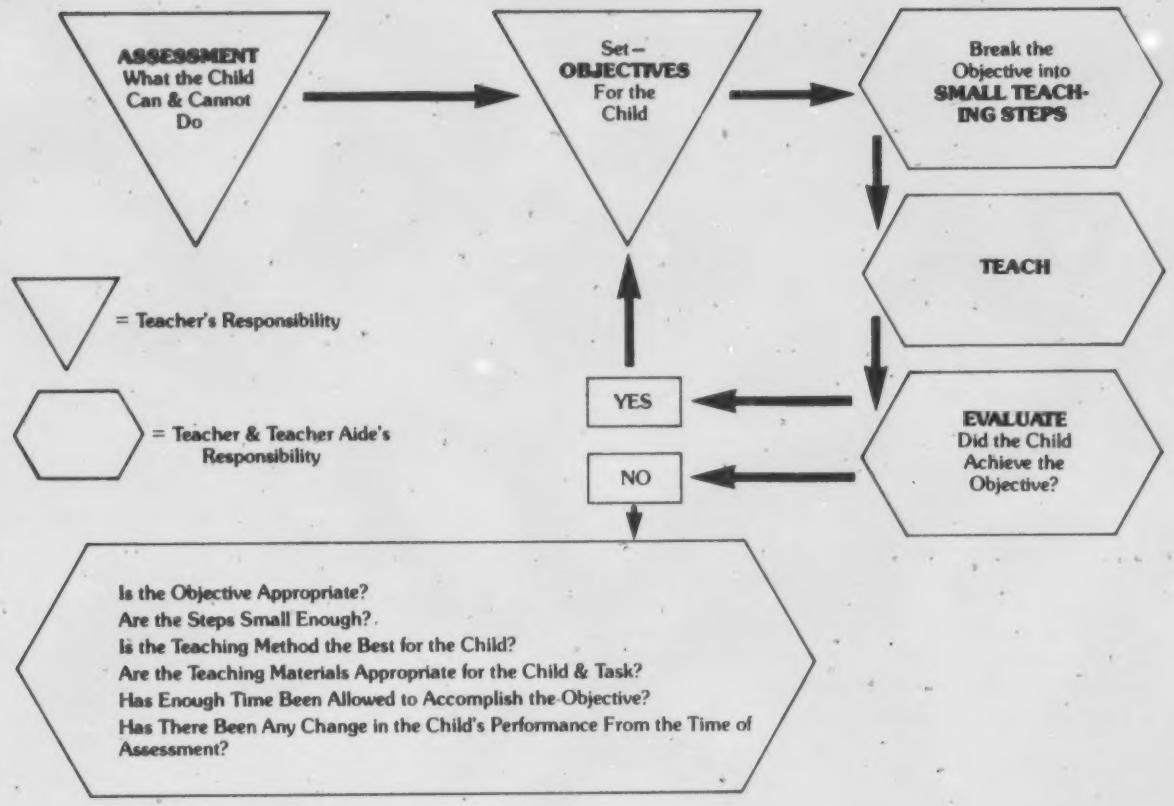
What would happen, do you suppose, if a person went to the doctor with a chest cold, and the doctor decided that this was the day for putting peoples' legs in casts? Without an examination, without a diagnosis, the doctor simply decides to treat all patients identically. Obviously, this would be ridiculous.

Is it any less ridiculous for the teacher to decide that today is the day to teach multiplication, without taking the individual differences of her children into consideration? Michael can already divide, Susan can add but not subtract, Randy can only count to twenty, but cannot add, and Maury can't recognize numerals at all. Does it make sense to try to teach multiplication to this group of children? Obviously not!

What, then, is the proper approach to individualizing instruction? First, like the doctor, the teacher must examine her children (assessment of skill development). Once the examination is completed, the teacher must make a diagnosis (a reasonable evaluation of the child's strengths and weaknesses), and third, the teacher must prescribe a remedy (determine some appropriate objectives or goals for each child, and teaching activities which will meet these goals).

This is what is meant by "prescriptive teaching," namely, tailoring objectives and instructional techniques to the individual needs of each child.

INDIVIDUALIZED INSTRUCTION
Diagnostic Prescriptive Teaching


ASSESSMENT
What the Child Can & Cannot Do
Set –
OBJECTIVES
For the Child
Break the Objective into SMALL TEACHING STEPS
TEACH
EVALUATE
Did the Child Achieve the Objective?
YES
NO
= Teacher's Responsibility
= Teacher & Teacher Aide's Responsibility
Is the Objective Appropriate?
Are the Steps Small Enough?
Is the Teaching Method the Best for the Child?
Are the Teaching Materials Appropriate for the Child & Task?
Has Enough Time Been Allowed to Accomplish the Objective?
Has There Been Any Change in the Child's Performance From the Time of Assessment?

If the child accomplishes the short-term objective, then we know that the objective was appropriate, the task was broken down correctly, the teaching method worked, and the instructional activity was well-designed. If, however, the child did not achieve his goal, we might conclude that:

- either the goal was inappropriate
- the task was too hard
- the teaching method was inappropriate
- or the instructional activity was inappropriate

When the child fails to make progress, the teacher reevaluates the situation and modifies either the goal, the task, the teaching method, or the instructional activity until progress is made.

In this course, we will study a variety of ways to assess a child's abilities, the correct method for determining appropriate goals, the procedure for breaking tasks into sub-steps, and several techniques that have proven successful in teaching children with special needs.

Remember that prescriptive teaching means that you know your children well, that you are able to prescribe activities that are individually tailored to their needs, and that you are skilled in providing instruction that will lead children toward their individual goals.

Prescriptive teaching is not easy. It is a professional skill that, like all difficult skills, must be acquired slowly over time, and must be practiced to insure success.

This course is designed to foster competence in prescriptive teaching. It will take you, step by step, through the processes of assessment, determination of objectives, task analysis, teaching methods, and fostering appropriate social skills in children.

CASE STUDY

All of this sounds somewhat abstract at this point. In order to make it more concrete and understandable, we will use the "Case Study Method". A case study is a close and careful look at an individual child. Our child is Louis, a six year old child whom you will get to know well by the end of the course. We will examine Louis' skills and behaviors, set his objectives, determine appropriate tasks for him, design teaching methods that are suited to his needs, and look at his family and the other important factors in his environment. By following Louis through the prescriptive teaching process, we will gain a better understanding of the process itself, and will be able to transfer our knowledge to the real children with whom we deal on a daily basis.

Here, then, is Louis!

LOUIS

You've met Louis before. He's the healthy, active six year old, not unlike the kid down the block or the smiling face, or unhappy face, or fearful face that you see in front of you on the first day of school.

Living at home with his mother, father, and three year old brother, Sammy, Louis enjoys life in a small house in a quiet section of town.

As you might expect, Louis is eagerly looking forward to entering the first grade this week. Every day last year he watched the older kids getting on the school bus, lunch pails in hand, and wondered what it would be like to be "grown". Now the time has arrived, and mixed with his excitement is a little apprehension about being away from home all day. His parents have been encouraging him, telling him about the adventure of learning to read, and to write his name, and the fun that he will have with all his new friends. All this encouragement has paid off, and Louis is eager to learn to read. He loves to look at the story books that have been his prized possessions since he was three. In fact, Louis is something of a teacher himself, retelling his favorite stories to his little brother, turning the pages of the book and pretending to read the words.

Louis may be anxious about his first day at school, but his parents don't share his anxiety. They feel confident in their son's abilities, and are sure that he is ready for school. Louis' readiness is due, in large measure, to his parents' efforts to prepare him. They have encouraged his development by supplying him with toys and books, and have spent a great deal of time playing with and reading to him. In fact, they think that he's a pretty independent and remarkable six-year-old. Now he can even bathe and dress himself alone.

While Louis is out of the house on his new adventure, he will be missed by his mother. It will be lonesome without him, since he's always been so helpful in preparing lunch, in working with his father in the yard, and in washing the car. But, he'll be home for dinner, and will be helpful in counting out four plates, forks, knives, spoons, napkins and glasses for the table, as he has done for the past year. Of course, it takes a little gentle guidance from his mother to get everything in the correct position on the table. Getting the right number of everything isn't nearly so difficult for him as trying to remember on which side of the plate things go.

Getting to sleep on the night before the first day of school is no easy matter. Although he hasn't used a night light for over a year, it seems like a good idea tonight, and his mother humors his request. After innumerable trips to the bathroom and several drinks of water, Louis drops off to sleep just before midnight, much to his parents' relief.

Morning finds Louis in a quiet mood, and not too hungry, either. Two bites of cereal seem to be more than enough to satisfy his appetite today. With mother hurrying him through the brushing of his teeth, his father gives him a cheerful goodby, and a fatherly admonition to "be good in school today!"

Louis' apprehension grows on the way to school and he begs his mother to stay with him. Mrs. Stone, the teacher, thinks differently and suggests that it would be better for the parents to leave. After being assured that he will be home by 11:00 o'clock, Louis hugs his mother, swallows hard, and walks into the first grade room, the beginning of a new adventure. Mrs. Stone greets him warmly and tells him to find a seat. But, where? Louis gazes around the room and suddenly catches a glimpse of Randy, his old neighborhood buddy. Without another thought, he heads instinctively for the back of the room and slips into the desk beside his friend.

After welcoming the children to her class, she asks each to stand and tell his or her name. She passes out papers and pencils and asks the children to draw pictures of their families. While the children busy themselves at the task at hand, she moves about the room and begins to observe the twenty-seven little people with whom she is going to spend the next nine months. She stops at each desk, asks the child to describe his picture, and then passes out lined paper. She wants the children to write their names on the top line, numbers on the next, and letters of the alphabet on the third. She explains to the children that she needs to know what each child can do so that she will know what to teach.

Since Mrs. Stone started at the front of the room, Louis had lots of time to work on his drawing. By the time the teacher reaches Louis, he is putting the finishing touches on his family portrait:

Louis happily describes his picture of his mother, father, Sammy and himself, and when he finishes, Mrs. Stone hands him a clean sheet of lined paper. "Let me see how you write your name, Louis!", Mrs. Stone says cheerfully. Louis grips the pencil very tightly in his right hand and, beginning at the right side of the paper, slowly tries to write his name. It was a series of unreadable marks.

Mrs. Stone then asks Louis to write his numbers, gently pointing out that she wants him to start on the left side of the paper. Louis just stares at her. Pointing at the left side of the paper, she again asks him to write the numbers. Gripping the pencil in his left hand, Louis painstakingly begins marking.

Mrs. Stone decides to take out a number line and to ask Louis to read each number as she points to it. Louis explains to her that he hasn't learned to read yet, and that his daddy had told him that he would learn to read in school. Mrs. Stone smiles and tells Louis that his daddy is right. He WILL learn to read and write. Realizing that Louis cannot read and write numerals, Mrs. Stone decides against asking him about the letters of the alphabet. There is time for that later. For the time being, she needs to turn her attention to the restless children in the front of the room. Recess time is here and it is time for the early dismissal of the first day of school.

This little exercise has convinced Mrs. Stone that she knows where to begin working with each child. This afternoon she will decide on reading groups, and with that decision out of the way, she will be ready for the first full day of school. Nevertheless, her circuit around the room has made her painfully aware of the wide range of abilities in her classroom this year. She knows the importance of getting off on the right foot by giving the children activities appropriate to their present level of functioning. There's little doubt in her mind that Louis will be in the bottom group because of his inability to write his name, read and write numerals, and his difficulty with left and right directions. After giving each child a list of supplies they need to bring tomorrow, she sends them off to the buses and waiting parents.

That night at dinner, Louis' father questions him about his first day at school: "Were you a good boy?" Louis nods, "yes," and continues eating. His mother tells her husband that Louis drew a picture in school today, and that, after dinner, they must go shopping and buy Louis some school supplies. After all, tomorrow is a big day for Louis! His first full day at school! For such a momentous occasion, his parents want him to have everything he needs.

MODULE III

B. PRESCRIPTIVE TEACHING

1. Objective Observation

The teacher aide will be able to:

- describe a picture without using biased words or opinions
- differentiate between words that are objective and words that are not objective

MODULE III

B. PRESCRIPTIVE TEACHING

1. Objective Observation

What Is It?

When we observe objectively, we watch events without being influenced by our personal feelings, biases and prejudices. We look at what is happening **without guessing** at the reasons behind the actions and **without judging** whether the behavior is good or bad. An objective observation record is one which, very simply, states exactly what the observer sees and hears.

Why Is It Important?

We can learn a lot about a child by watching and listening to him/her. Some of the information we can gain from objective observation are things such as:

1) what the child likes and dislikes
2) what the child can and cannot do
3) how the child behaves under various circumstances (free time, working independently, listening to and following directions, etc.)
4) how the child interacts with other children and adults

How Can We Observe Objectively?

Many times we form opinions about children even before we meet them. Some of the information we hear about children is opinion, rumor, or even gossip! Therefore, to insure that we have an accurate picture of a child, his abilities and disabilities, likes and dislikes, we must try to gather information in a systematic and objective manner. Some practice in objective observation is provided on the following pages. In addition there are some activities suggested for you to complete in a classroom setting over the next several days.

This example is already completed. Look at the picture below and read the printed observation.

OBSERVATION: Louis and his father are seated at the table beside each other. Louis' mother is standing between them. She is pouring coffee into a cup. Louis' father is holding the cup. Louis has his left hand on his forehead and is holding a spoonful of cereal in his right hand.

When you first begin observing, try to avoid any words which are only your opinion. Use words which describe exactly what you see. Look at the picture below, then complete the questionnaire to **objectively** describe what you see.

How many children? _____

Describe the group activity: _____

_____

What is Louis doing? _____

_____

Now select another child in the picture and describe him/her:

Clothing: _____

Hair: _____

Body position: _____

Activity: _____
(What the child is doing)

_____

_____

Here is another picture taken in the same classroom. Following is a description. Look at the picture and read the description. Circle sentences which are objective and draw a line through sentences which are not objective.

The teacher and child are seated at a desk across from each other. A three-ring notebook is lying open on the desk between them. The teacher's right arm is reaching across the desk. She is trying to make the child move his hand. The child is pointing to something on the page with his left hand. He is not looking at the page. The teacher wants the child to pay attention but he won't look at the notebook. He is looking at something else. The child probably doesn't want to complete his work. Maybe he wants to join the other children who are playing a game on the floor.

The preceding observation has some objective statements which accurately describe the picture and some subjective statements in which the observer has formed opinions which may or may not be correct. Have you identified the sentences which **are not** objective?

Two more photographs are provided below for additional practice:

OBSERVATION: _____

OBSERVATION: _____

Observing In The Classroom

Up until now, you have been observing photographs without any movements or sounds. When you observe a child in a school setting, however, you will be seeing a series of activities and hearing the dialogue which accompanies the actions. The addition of motion and sound will make your observation more difficult in some ways because you will have to concentrate harder and write quickly. But, you will have the advantage of seeing and hearing a whole sequence of events and you will be able to learn more about an individual child.

For example: In picture 3, the observer decided that the child probably didn't want to work with the teacher. However, if you had had a chance to observe the "live action", you might have heard the teacher tell the child to "Look over there." Or you may have seen a visitor enter the room, causing the child to look up from his work momentarily. Still photographs capture only an instant in time and we cannot draw conclusions about a child's behavior from one or more photographs.

The following activities are designed to be carried out in a school setting:

Assignments in Observation

Select one child in your classroom to observe over the next two weeks.

1) Write an objective description of the child including sex, age, coloring and body size.
2) Select 2 different time periods. You should try to pick time periods that will show different types of behaviors.

   Observe the child for the same two 5-minute periods each day. You should sit away from the child and note his body position, activities, what is said to him and what he says.
3) Bring all your observation records to the next training session.
4) The form below is provided to help you organize your observations. You will need to make extra sheets that you can keep in the classroom for daily use.

Child's Name: _____

School: _____

Observer: _____

Description of child: _____

OBSERVATION RECORD

(Use this space to write the child's actions)

Date _____ Times: _____ to: _____ Activity _____	
Date _____ Times: _____ to: _____ Activity _____	
Date _____ Times: _____ to: _____ Activity _____	

OBSERVATION RECORD

(Use this space to write the child's actions)

Date _____

Times: _____

to: _____

Activity _____

_____

_____

Date _____

Times: _____

to: _____

Activity _____

_____

_____

Date _____

Times: _____

to: _____

Activity _____

_____

_____

Date _____

Times: _____

to: _____

Activity _____

_____

_____

MODULE III

B. PRESCRIPTIVE TEACHING

1. Objective Observation

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
1. DEMONSTRATES THE ABILITY TO DESCRIBE A CHILD'S BEHAVIOR IN OBSERVABLE TERMS.	10.0 /		
a. writes an objective description of a child including sex, age, coloring, and body size.	2.0 /		
b. observes one child for at least eight days, two five-minute time periods each day. Keeps a record of these observations, which is written in behavioral terms.	4.0 /		
c. states the child's strengths and weaknesses in behavioral terms.	4.0 /		

MODULE III

TEACHING THE SPECIAL CHILD

B. Prescriptive Teaching

1. Objective Observation

Suggested Audio-Visual Material:

"Find the One That's Different"

Contrasts two first grade teachers in their observations of and attitudes toward students with learning problems. Offers some practical advice to regular educators. Color/15 minutes. Hubbard, P.O. Box 104, Northbrook, IL 60062.

"Who Did What to Whom"

Short role plays of various situations, at home, office and school. It's necessary to stop projector after each scene for discussion. Can be used for introducing principle of behavior management and for practice in objective observation. Accompanying instructor's manual is helpful in facilitating discussion. Color/Variable length, allow 45 minutes to 1 hour for entire film and discussion. Research Press, 2612 North Mattis Ave., Champaign, IL.

"Sara Has Down's Syndrome"

A glimpse into the family life of Sara and her non-handicapped siblings. This film is done entirely in Sara's home. (Part of a series of films on early childhood development and learning—**Exploring Childhood**) Color/16 minutes. Educational Development Center, Inc., 55 Chapel Street, Newton, MA 02160.

MODULE III

B. PRESCRIPTIVE TEACHING

2. Functional Assessment

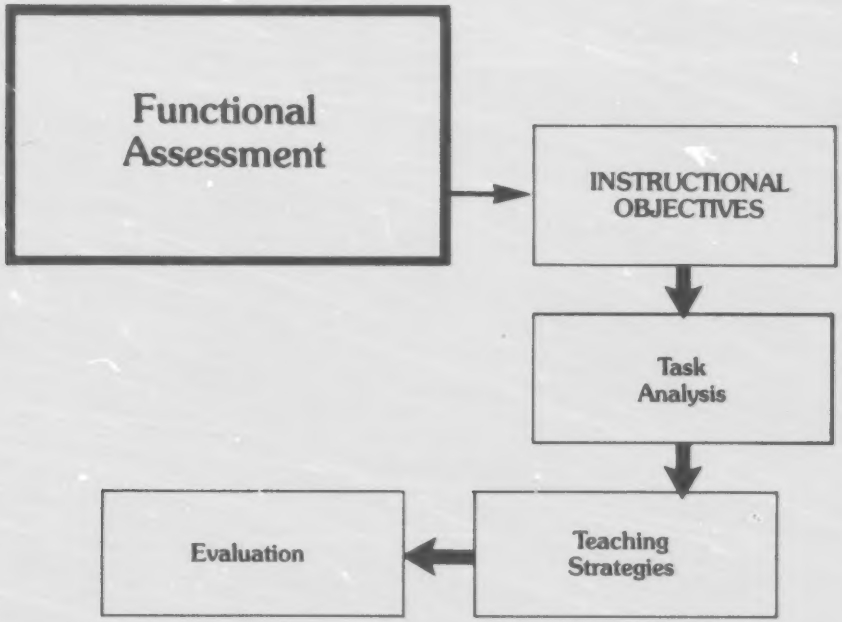
The teacher aide will be able to:

- define "functional assessment"
- explain the importance of an **accurate** functional assessment
- explain the relationship between a functional assessment and planning activities for the child
- explain the relationship between the functional assessment and objective observation
- describe a child's skill development, based on a single case study
- complete a functional assessment of a child, based on a case study
- list six reasonable objectives for Louis, based on his case study

MODULE III

B. PRESCRIPTIVE TEACHING

2. Functional Assessment



What Is It?

A functional assessment summarizes a child's strengths and weaknesses. It generally states what a child can and cannot do.

Why Is It Important?

The functional assessment provides information about skills that a child has already mastered and skills that he or she needs to work on in order to progress. Specifying the child's strengths and weaknesses makes it possible to plan individual educational programs designed to meet a child's unique needs.

How Can This Be Done?

There are numerous ways to assess what a child can and cannot do. Rather than administer formal tests, it is more feasible for you as a teacher aide to use your observation skills and short informal sessions with the child to determine what skills he/she has mastered and what skills he/she needs help to develop.

Exercise 1

Re-read the case study and underline all the phrases and sentences that describe Louis' skill development. Then complete the following chart:

LOUIS CAN	LOUIS CANNOT

Exercise 2

Read the checklist below. Beside each item that Louis can do, write √ ; beside each item that Louis cannot do, write √X , leave blank any items about which you are unsure.

Self Identification:

1. Tells own first name _____
2. Tells own last name _____
3. Tells correct age _____
4. Tells own address _____
5. Tells own phone number _____

Self Care:

1. Pulls on pants & shirt _____
2. Washes hands and face _____
3. Eats independently _____
4. Brushes teeth _____
5. Zips independently _____

Writing:

1. Draws horizontal lines _____
2. Draws vertical lines _____
3. Draws circles _____
4. Right handed _____ ; left handed _____
5. Has mature grasp of pencil _____
6. Draws triangles _____
7. Draws a human figure with 12 parts ____
8. Prints first name _____
9. Prints last name _____
10. Prints capital letters _____
11. Writes numerals 1-10 _____
12. Writes numerals 11-20 _____

Mathematics:

Names simple shapes:

1. Circle _____
2. Square _____
3. Triangle _____
4. Rectangle _____
5. Counts 5 objects _____
6. Counts 10 objects _____
7. Counts 20 objects _____
8. Reads numerals 1-5 _____

Concepts:

1. Big – Little _____
2. Front – Back _____
3. In – Out _____
4. On – Under _____
5. Top – Bottom _____
6. Between – Beside _____
7. More – Less _____
8. Left – Right _____
9. Names Color:

   Red _____ Blue _____
   Yellow _____ Green _____
   Orange _____ Purple _____
   Black _____ White _____
   Brown _____ Pink _____
   Gray _____

Reading:

1. Tells stories from pictures _____
2. Matches identical letters _____
3. Reads capital letters _____
4. Reads lower case letters _____
5. Matches capital and lower case letters _____

Relates letters to sounds:

6. Consonants _____
7. Rhymes words _____
8. Long vowels _____
9. Short vowels _____
10. Reads 3-letter word families (hat, cat, bat, sat, etc.) _____
11. Sight word vocabulary of 10 words _____
12. Read 3 to 4-word sentences _____

Exercise 3

Mrs. Stone assesses Louis on some skills, but she really needs more information about Louis in order to plan a good instructional program for him. Review the checklist you have completed, paying special attention to the items which you left blank. You should select some items from each area to try with Louis to determine whether or not he possesses these skills. Record your selections on the following form. Keep in mind that you should not have to use every item.

List one skill for each area that you would assess. Write the methods you would use to assess this skill.

Self Identification: _____

Self Care: _____

Writing: _____

Math: _____

Concepts: _____

Reading: _____

Exercise 4

Complete this section of the Individualized Education Program (IEP) for Louis. Refer to Exercise 1.

FUNCTIONAL ASSESSMENT

Areas of Strength _____

_____

_____

_____

Areas of Concern: _____

_____

_____

Louis' teacher realized that she did not have adequate information for planning an appropriate educational program for him. She visited with his mother and father at the first P.T.A. meeting and conducted a more complete assessment of Louis' academic skills.

Following is the completed assessment.

Self Identification:

1. Tells own first name ✓
2. Tells own last name ✓
3. Tells correct age ✓
4. Tells own address ✗
5. Tells own phone number ✗

Self Care:

1. Pulls on pants and shirt ✓
2. Washes hands and face ✓
3. Eats independently ✓
4. Brushes teeth ✓
5. Zips independently ✗

Writing:

1. Draws horizontal lines ✓
2. Draws vertical lines ✓
3. Draws circles ✓
4. Right handed ___ ; left handed ___ ; uses both ✓
5. Has mature grasp of pencil ✗
6. Draws triangles ✗
7. Draws a human figure with 12 parts ✗
8. Prints first name ✗
9. Prints last name ✗
10. Prints capital letters ✗
11. Writes numerals 1-10 ✗
12. Writes numerals 11-20 ✗

Mathematics:

Names simple shapes:

1. Circle ✓
2. Square ✗
3. Triangle ✗
4. Rectangle ✗
5. Counts 5 objects ✓
6. Counts 10 objects ✗
7. Counts 20 objects ✗
8. Reads numerals 1-5 ✗

Concepts:

1. Big – little ✓
2. Front – back ✗
3. In – out ✗
4. On – under ✓
5. Top – bottom ✓
6. Between – beside ✗
7. More – less ✗
8. Left – right ✗
9. Names colors:

   Red ✓ Blue ✓
   Yellow ✗ Green ✓
   Orange ✗ Purple ✗
   Black ✗ White ✗
   Brown ✗ Pink ✗
   Gray ✗

Reading:

1. Tells stories from pictures ✓
2. Matches identical letters ✓
3. Reads capital letters ✗
4. Reads lower case letters ✗
5. Matches capital and lower case letters ✗

Relates letters to sounds:

6. Consonants ✗
7. Rhymes words ✗
8. Long vowels ✗
9. Short vowels ✗
10. Reads 3-letter word families (hat, cat, bat, sat, etc.) ✗
11. Sight word vocabulary of 10 words ✗
12. Reads 3- to 4-word sentences ✗

Optional Activity to do as a group:

P. L. 94-142 requires that the child's present level of functioning be included in his I.E.P. Re-read the case study about Louis and using that information plus the assessment information, complete the following sections from the I.E.P. form:

	SOCIAL	WRITING
PRESENT LEVEL OF FUNCTIONING		
MATHEMATICS	**CONCEPTS**	**READING**

MODULE III

B. PRESCRIPTIVE TEACHING

2. Assessment (Optional)

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
2. DEMONSTRATES ABILITY TO ASSIST THE TEACHER CONDUCT AN ACCURATE ASSESSMENT. (OPTIONAL – THE PARTICIPANT SHOULD DEMONSTRATE THESE SKILLS IF HE/SHE IS EXPECTED TO ASSESS CHILDREN)	20.0 /		
a. prepares materials in advance.	1.0 /		
b. provides appropriate seating arrangement (table, desk, chair, etc.)	1.0 /		
c. provides appropriate setting (removal of visual cues, distractions, etc.)	1.0 /		

2. Assessment . . . continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
d. gives accurate instructions to child.	3.0 /		
e. modifies instruction when necessary without altering intent of item.	3.0 /		
f. presents material at appropriate time. Removes material on completion of items.	2.0 /		
g. allows adequate time for child to respond.	1.0 /		

2. Assessment . . . continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
h. refrains from prompting the child.	2.0 /		
i. refrains from showing approval or disapproval of answers given.	2.0 /		
j. rewards responding behavior.	2.0 /		
k. records response to each item immediately.	1.0 /		

2. Assessment . . . continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
L terminates assessment with positive statement.			

MODULE III

B. PRESCRIPTIVE TEACHING

3. Instructional Objectives

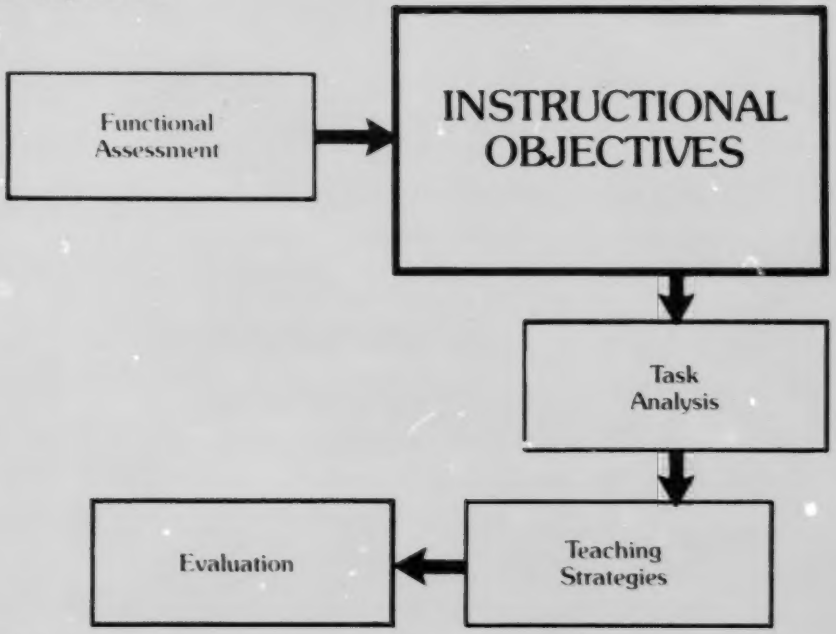
The teacher aide will be able to:

- distinguish between observable and unobservable behavior
- define a "long-range objective"
- define a "short-term objective"
- list examples of the "condition" of an objective
- list examples of the "criterion" of an objective
- list examples of clearly observable behaviors
- write three long-range instructional objectives, including in each, the behavior, the condition and the criterion

MODULE III

B. PRESCRIPTIVE TEACHING

3. Instructional Objectives



What are They?

An instructional objective is a written statement of what a learner will be able to do when he has completed a learning experience successfully.

Why are Objectives Important?

Instructional objectives provide the instructor with essential information:

1) What to teach (behavior)
2) How to teach it (condition)
3) How to measure the success of the teaching (criteria)

In other words, objectives define a very specific plan for teaching new behaviors to students and take the child from his present level of functioning to his long term goals.

How Do We Prepare Instructional Objectives?

The best instructional objectives are written as a result of careful observation and assessment of a student's skills. Once we know what a child can and cannot do, we make decisions about what new skills to teach. The new skills are the heart of the objectives and are called the BEHAVIORS. Each objective has one Behavior. The behavior is the activity the learner will be doing when he completes the instruction. The behavior must be stated in observable terms; some examples of **observable behaviors** are:

hangs up own coat
tells own first and last name
reads numerals 1 through 5
prints all capital letters

Following is a list of phrases, some of which are observable behaviors and some of which are not. Read through the list and circle the observable behaviors:

understands numbers
counts 3 objects
remembers own address
appreciates art
sings "Row, Row, Row your Boat"
zips own jacket
enjoys stories
assembles jigsaw puzzles

Let's think back to six-year old Louis. We know that he can count to 5 by rote and that he can count four objects correctly, but that he cannot read numerals. Let's assume that we checked further and found that he could count 5 objects correctly, too. Therefore, Louis:

CAN	CANNOT
Count up to 5 by rote Count 5 objects	Read any numerals

A logical new behavior for Louis to learn is: **reads numerals 1 to 5.** This behavior is one which you could expect to teach Louis over a period of days, weeks or even months, but certainly not in one day. It is part of a **long-range objective.**

But, we need to add more information about the new behavior before we have a completed instructional objective.

Every objective must have a CONDITION. The component which states the condition refers to the circumstances under which the behavior will be performed. This is usually stated in terms of:

a) what materials the learner will use
b) what help the learner will be given, or
c) what help the learner will be denied

Examples of different kinds of conditions are:

while holding an adult's hand
when shown a picture
given lined paper and a pencil
without looking at the book.

We want Louis to be able to read the numerals 1 to 5. What CONDITION can we add to this behavior? There are a few possibilities, but more likely than not, we would want Louis to be able to read the numerals from flashcards.

Behavior: Louis will read the numerals 1-5
Condition: Given 5 flashcards in random order

How will we know when Louis has done this **well enough** so that we can say he has learned this new behavior and can begin working on a new one?

The final part of the instructional objectives is the CRITERIA.

The Criteria are the components of objectives which state how well the learner must complete the task. The Criteria may be stated in several different ways:

as a percent (85%)
as a proportion (4 out of 5)
in terms of activity or involvement (during lunch)
in terms of number (10 steps)
in terms of time (4 minutes)

To complete Louis' objective:

Behavior: Louis will read the numerals 1-5
Condition: When given 5 flashcards in random order
Criteria: With no more than 1 error

We now have completed one long-range instructional objective for Louis. Additional activities are provided for practice in writing objectives.

Exercise 1

In the instructional objectives listed below, label the three components.

A. Given unlined paper and pencil, the child will copy three squares, with 2 out of 3 correct.

B. The child will read a 5-word sentence, written on the chalkboard without any errors.

C. After verbal directions from the teacher, the child will pass out the library books within a 3 minute time period.

Exercise 2

The chart that follows has some objectives which are missing one or more parts. Fill in the missing components.

What will the learner do? **BEHAVIOR**	What help or materials will he have? **CONDITION**	How well will he do it? **CRITERIA**
David will eat lunch at school.		Within 20 minutes
Beth will complete her math worksheet.	Without assistance	
Jim will name all of the vowels (a, e, i, o, u, and sometimes y.)		
Sharon will hang up her coat.	On a wire hanger	
Sandra will		With 9 out of 10 correct

P.L. 94-142 requires, a specific plan (IEP) for every child who is diagnosed as handicapped. A major component of the IEP is the "long term" or "annual" goals. These long term goals or objectives provide the basis for the instructional program for the year.

Example: The following is a part of the long term goals section of Louis' IEP, which was completed by his teacher.

LONG TERM OR ANNUAL GOALS

CONCEPTS	EXPECTED DATE	DATE ACHIEVED	MATH	EXPECTED DATE	DATE ACHIEVED
Identifies colors, blk., brn., purple, orange w/100% accuracy	MAY		Counts 25 objects correctly	MAY	
Identifies all capitals in isolation	JAN.		Adds single digit numerals – sums up to 10-80% accuracy	MAY	
Identifies all small letters in isolation	MAR.		Subtracts single digit numerals w/ 80% accuracy	MAY	
READING	EXPECTED DATE	DATE ACHIEVED	**WRITING**	EXPECTED DATE	DATE ACHIEVED
Matches all upper & lower case letters from flashcards	JAN.		Correctly writes first name independently	NOV.	
Names all single consonant sounds from ltr. & pic. cards	MAY		Correctly writes last name independently	FEB.	
Reads any 50 sight words independently	MAY		Correctly writes numerals 1-25 independently	JAN.	

Once the annual goals are determined, short term or daily instructional objectives must be developed.

MODULE III

B. PRESCRIPTIVE TEACHING

3. Instructional Objectives

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
3. DEMONSTRATES ABILITY TO PREPARE APPROPRIATE INSTRUCTIONAL OBJECTIVES	20.0 /		
a. writes instructional objectives including:	10.0 /		
1. **behavior**-what the child is expected to do	4.0 /		
2. **condition**-how much help the child will receive	3.0 /		

COMPETENCY 3

3. Instructional Objectives . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
3. **criteria**-how well the task is performed	3.0 /		
b. selects appropriate objectives based upon the functional assessment.	10.0 /		
	/		
	/		

MODULE III

B. PRESCRIPTIVE TEACHING

3. Instructional Objectives

Suggested Audio-Visual Material:

"Target for Tomorrow"

Clearly illustrates writing and using instructional objectives. Color. Audiovisual Center, Media Library, University of Iowa, Iowa City, Iowa

MODULE III

B. PRESCRIPTIVE TEACHING

4. Task Analysis

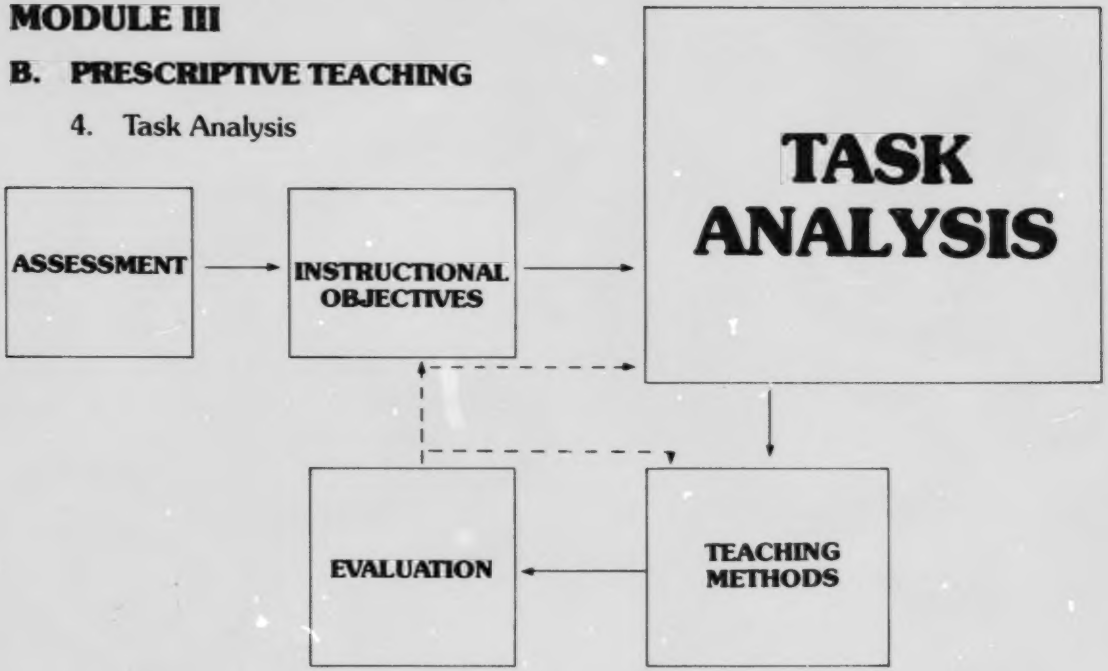
The teacher aide will be able to:

- define "task analysis"
- explain the importance of task analysis to the teaching of handicapped children
- distinguish between "copying" and "imitating" in teaching pre-writing skills
- sequence the substeps in teaching name-writing
- sequence the substeps for reading numerals 1-5
- task analyze one objective
- define "reverse chaining"
- explain the importance of using reverse chaining in teaching self-help skills

MODULE III

B. PRESCRIPTIVE TEACHING

4. Task Analysis



What Is It?

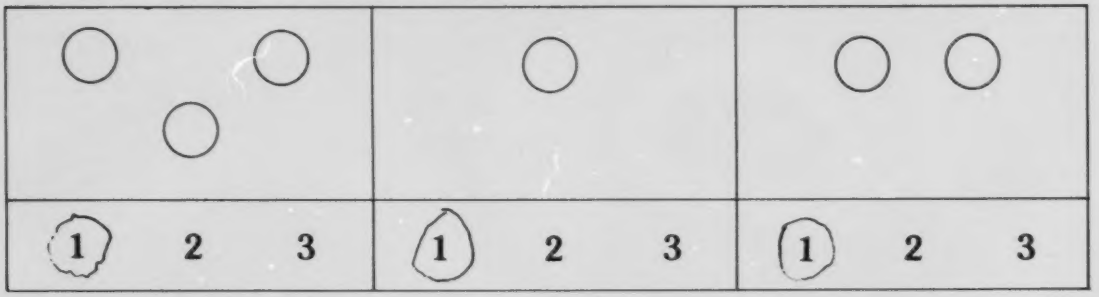
Task analysis simply means breaking down the instructional objective into its essential sub-steps. These sub-steps are then taught separately. When the child is able to do all of the sub-steps, he will be able to perform the objective. For example, when we teach a child to tie his shoe, we don't try to teach the entire process at once. We first reach him to tie a simple knot, then to make a loop with one lace, etc. When the child has accomplished all of the necessary steps in the proper order, he can tie his shoe.

Why Is It Important?

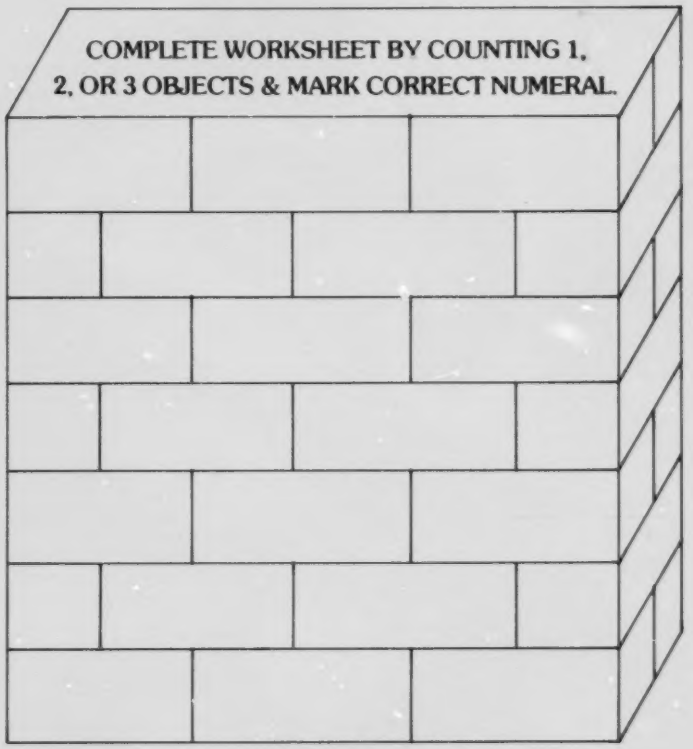
The key to an individualized program is the manner in which the objectives are broken down. Most lessons are planned for the entire class and the objectives are broken into sub-steps that are appropriate for the "normal" child. The special child needs to have his objectives analyzed in a special way. Generally this means that the task must be broken into much smaller steps. If the child is physically handicapped, the task will have to be analyzed so that his physical problem is considered as each sub-step is determined. It is often the responsibility of the teacher aide to adapt the lessons for the special child. Therefore, the ability to analyze the task into its sub-steps is essential.

Often the need to break the task down is not apparent until the lesson is in progress. For example:

The teacher asked Ms. Fox, the aide, to have Louis complete the following math worksheet:



It was as though Ms. Fox had expected Louis to jump to the top of a high wall.



How can Ms. Fox help Louis achieve the objective?

COMPLETES WORKSHEET

MATCHES 3 DOTS TO NUMERAL 3

MATCHES 2 DOTS TO NUMERAL 2

MATCHES 1 DOT TO NUMERAL 1

COUNTS 3 DOTS

COUNTS 2 DOTS

COUNTS 1 DOT

COUNTS BY ROTE TO 3

ATTENDS TO TASK

She must provide Louis with small steps to reach to the top of the wall.

The task had to be analyzed and arranged in a logical teaching sequence. By breaking the task down Louis is more likely to be successful at each sub-step and Ms. Fox praises him frequently.

Isolate the Essential Sub-Steps

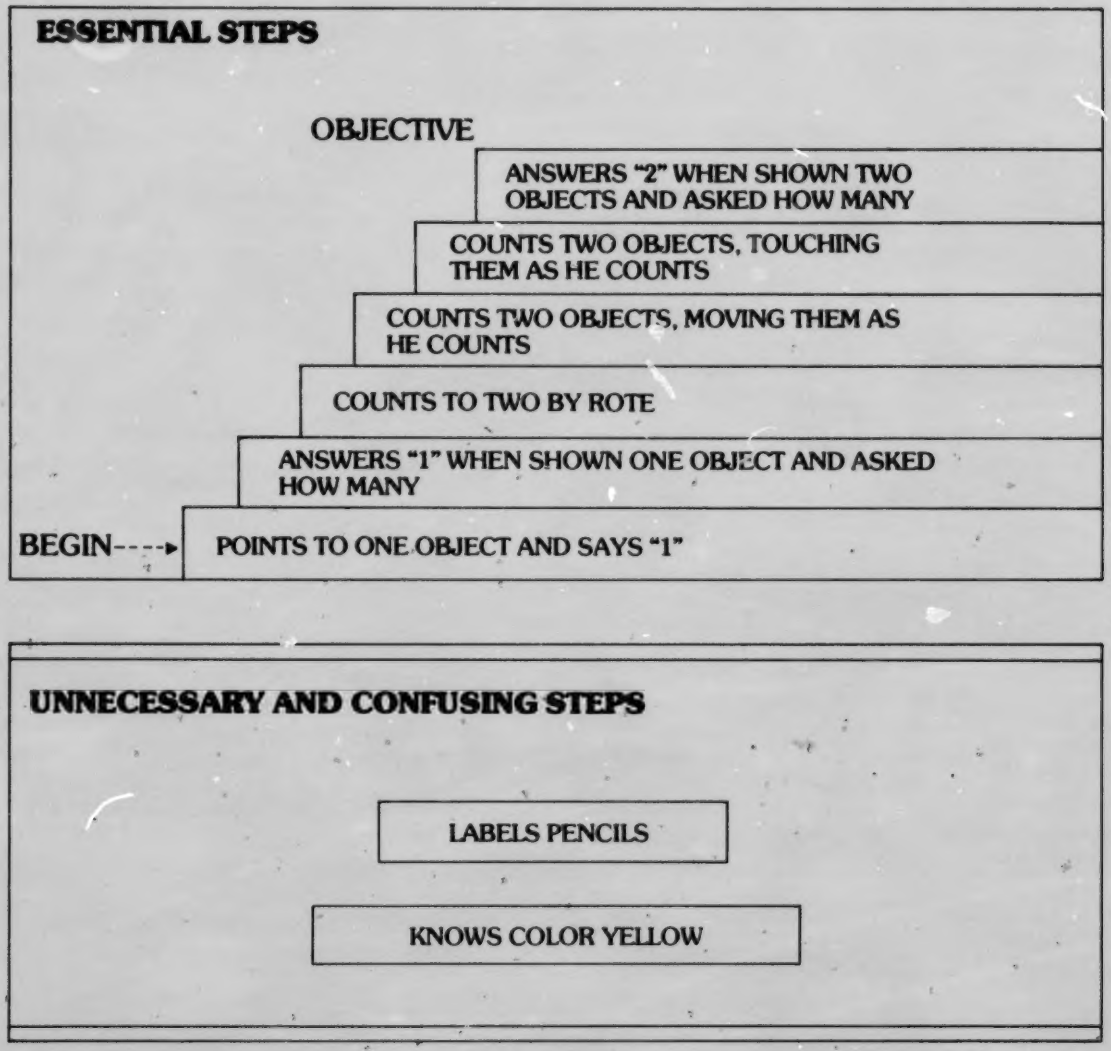
A major aspect of the task analysis process is to isolate only the sub-steps which are essential for the successful completion of the objective.

For example:

The objective is for the child to answer "two" when shown two pencils and asked, "How many?".

Should the teacher then hold up two yellow pencils and say, "What are these?" and "What color are they?" NO.

The teacher should only work on the concept two and not try to teach the word pencil, the color yellow, and the concept two all at the same time.


ESSENTIAL STEPS
OBJECTIVE
ANSWERS "2" WHEN SHOWN TWO OBJECTS AND ASKED HOW MANY
COUNTS TWO OBJECTS, TOUCHING THEM AS HE COUNTS
COUNTS TWO OBJECTS, MOVING THEM AS HE COUNTS
COUNTS TO TWO BY ROTE
ANSWERS "1" WHEN SHOWN ONE OBJECT AND ASKED HOW MANY
BEGIN----▸
POINTS TO ONE OBJECT AND SAYS "1"

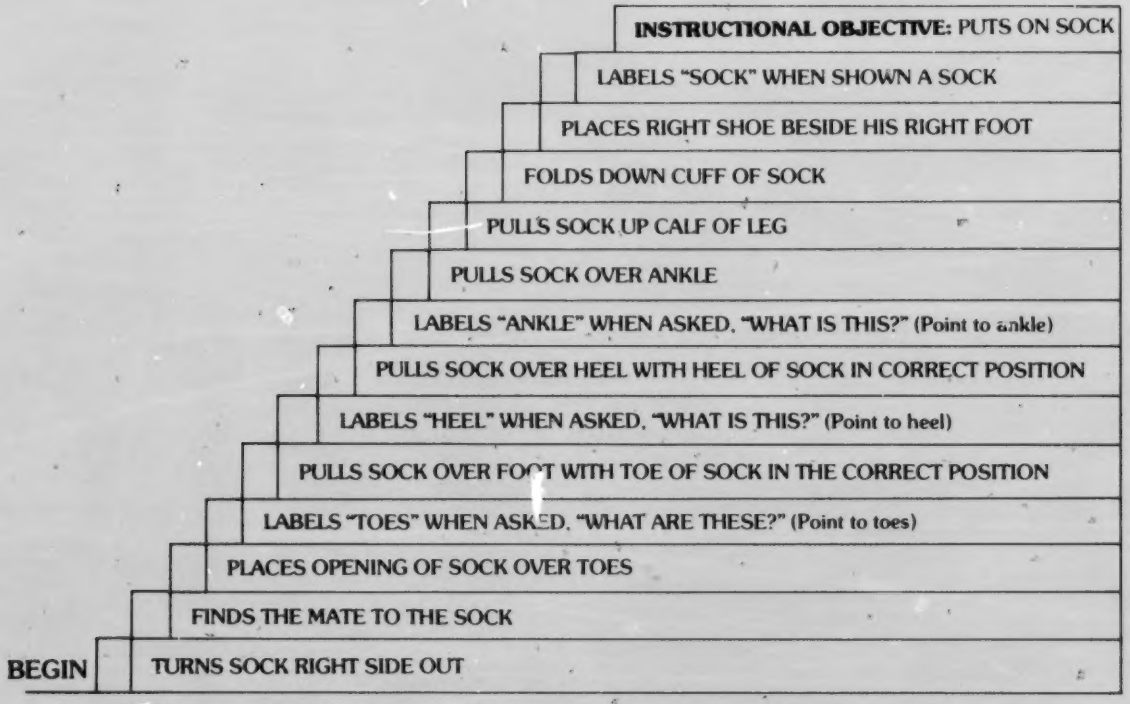
UNNECESSARY AND CONFUSING STEPS
LABELS PENCILS
KNOWS COLOR YELLOW

The task must be streamlined to the essential sub-steps for "nice to know" but unnecessary tasks will not help the child reach his objective. Only the essential sub-steps ensure task performance.

Exercise 1

Put a check in front of the essential sub-steps in the following task analysis:

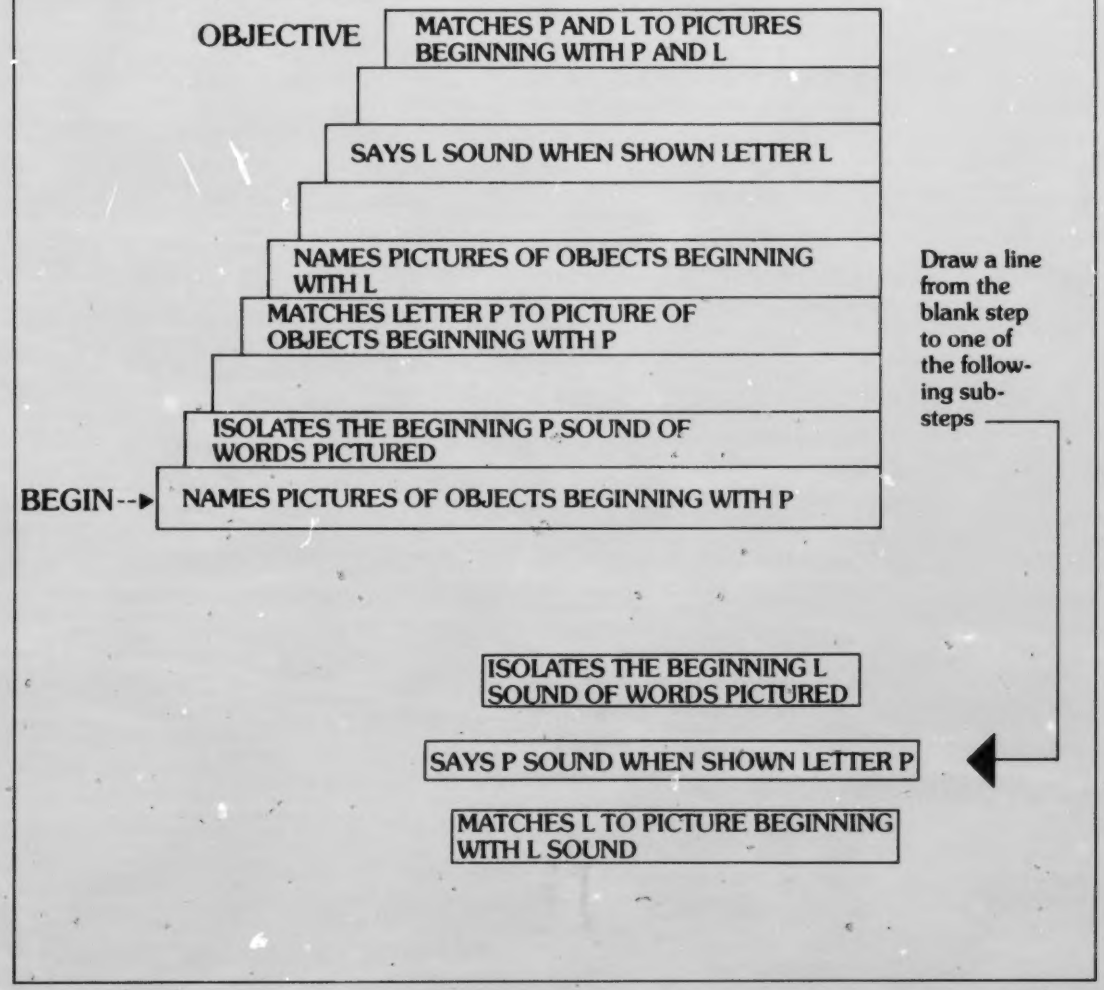
Instructional Objective? James will put on his sock with the toe and heel placed properly, without assistance.

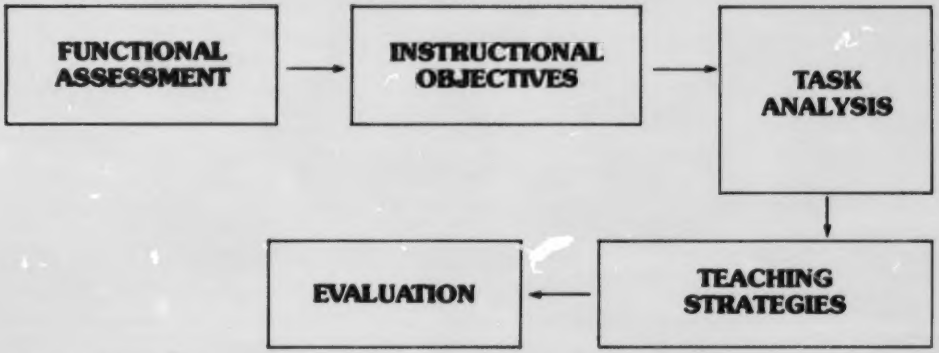

INSTRUCTIONAL OBJECTIVE: PUTS ON SOCK
LABELS "SOCK" WHEN SHOWN A SOCK
PLACES RIGHT SHOE BESIDE HIS RIGHT FOOT
FOLDS DOWN CUFF OF SOCK
PULLS SOCK UP CALF OF LEG
PULLS SOCK OVER ANKLE
LABELS "ANKLE" WHEN ASKED, "WHAT IS THIS?" (Point to ankle)
PULLS SOCK OVER HEEL WITH HEEL OF SOCK IN CORRECT POSITION
LABELS "HEEL" WHEN ASKED, "WHAT IS THIS?" (Point to heel)
PULLS SOCK OVER FOOT WITH TOE OF SOCK IN THE CORRECT POSITION
LABELS "TOES" WHEN ASKED, "WHAT ARE THESE?" (Point to toes)
PLACES OPENING OF SOCK OVER TOES
FINDS THE MATE TO THE SOCK
BEGIN
TURNS SOCK RIGHT SIDE OUT

Sequencing Sub-Steps

To teach an effective lesson the task must be analyzed into its essential components and these components or sub-steps must be arranged in a logical teaching sequence. Performance of a sub-step should facilitate the child's performance on the next higher sub-step.

Exercise 2


OBJECTIVE
MATCHES P AND L TO PICTURES BEGINNING WITH P AND L
SAYS L SOUND WHEN SHOWN LETTER L
NAMES PICTURES OF OBJECTS BEGINNING WITH L
MATCHES LETTER P TO PICTURE OF OBJECTS BEGINNING WITH P
ISOLATES THE BEGINNING P SOUND OF WORDS PICTURED
BEGIN
NAMES PICTURES OF OBJECTS BEGINNING WITH P
Draw a line from the blank step to one of the following sub-steps
ISOLATES THE BEGINNING L SOUND OF WORDS PICTURED
SAYS P SOUND WHEN SHOWN LETTER P
MATCHES L TO PICTURE BEGINNING WITH L SOUND



The instructional objectives for Louis have been determined. Now the objectives must be analyzed and broken down into their sub-steps.

Exercise 3,

Louis' Objective: Louis will write his nickname, Lou, legibly on lined paper, given a name card to copy. Louis will use a magic marker for all of his activities.

Exercise 3 (Continued)

Sub-steps in **random order:**

Copies O placing them within the lines on primary paper.

Copies an L on primary paper without any guidelines for the letter.

Copies Lou on the lined paper without any guidelines for the letters. (Objective – last step)

Imitates circles placing them randomly on the paper. Circle must be enclosed shapes but need not be perfectly round. (Pre-writing task)

Exercise 3 (Continued)

Copies a "u" writing over dotted guide-lines, staying on the dotted lines.

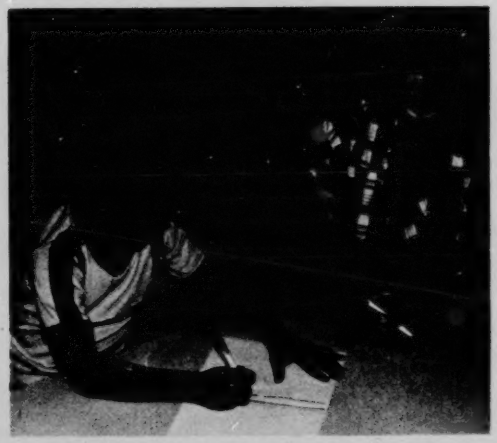
Imitates an angle stroke. Makes a line with a sharp turn without picking up the marker. (Pre-writing task)

Copies an "L" dot-to-dot using straight lines, beginning and stopping at the dots.

Attends to task when asked to do so. (First step)

Exercise 3 (Continued)

Holds a magic marker in his fingers in the correct position for writing, after the teacher demonstrates. (Pre-writing task)



Imitates horizontal and vertical lines when asked to do so. The lines need not be straight, but must be the correct direction. (Pre-writing task)

Copies "o" writing over the dotted guidelines. Staying in the dotted lines.

Copies a "u" on primary paper without any guidelines for the letter.

Cues for Correctly Sequencing the Sub-Steps of This Task:

Imitating means that the child watches the teacher do the task before he attempts it. For example: the teacher sits beside the child and says "Look what I'm doing." and waits until the child is looking at the paper and marker in teacher's hand. When child is watching, teacher draws a circle, hands marker to child and tells child to "make one just like this".

Copying means that the child does not watch the teacher make the shape. For example: The teacher presents the child with a paper which has the pre-drawn circle on it and tells child to "copy this circle, do the best you can". The teacher gives the child the marker when the spoken directions are completed.

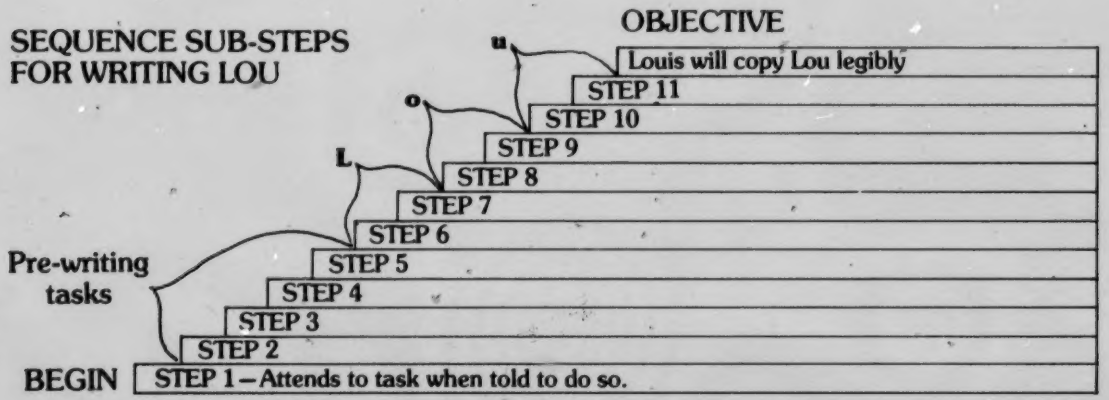
Imitating is easier than copying.

Pre-writing Skills—first sequence the pre-writing tasks which involve straight lines. Then include the tasks which need curved lines.

Order of letters—begin by teaching Lou the first letter in his name and proceed with the letters in sequence. This method is best because it teaches the left to right sequence. The teacher needs to make the decision as to how the sub-step will be sequenced. Occasionally it is best to start with a letter other than the first letter of the name.

Exercise 3

Look at all of the L sub-steps and arrange them from easiest to most difficult. Next sequence the "o" sub-steps, then the "u" sub-steps. Finally, have Louis copy his nickname "Lou". This gives him a feeling of accomplishment and once he is proficient at writing Lou, he can be taught to write Louis.



Optional Activity

Exercise 4

Sequencing sub-steps

Instructional objective for Louis –

Louis will read numerals 1-5 when given 5 flashcards in random order, with no more than one error.

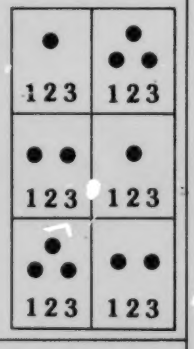
Pre-requisite skill –

Louis can count 5 objects.

Sub-steps in random order:

a. **Reads numerals 1, 2, 3**

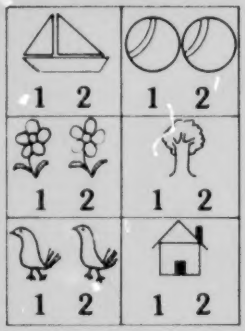
Louis will mark the correct numeral when given the following worksheet for numerals 1, 2, 3. 5 out of 6 correct. Louis will say the numeral as he marks it.



b. **Matches numerals 1-5**

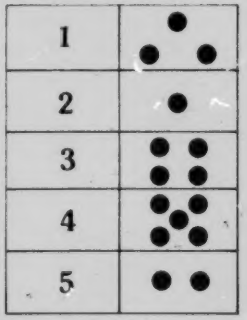
Louis will match the numerals 1, 2, 3, 4, 5 with 100% accuracy on the following worksheet. The teacher will demonstrate by matching numeral 1.

c. **Read numerals 1, 2**



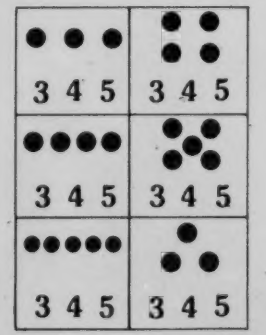
Louis will mark the correct numeral on the following worksheet for numerals 1 and 2 with 5 out of 6 correct. He will say the numeral as he marks it.

d. **Matches numerals 1-5 to dots**



Louis matches the numerals 1-5 to sets of dots with no assistance, 100% accuracy.

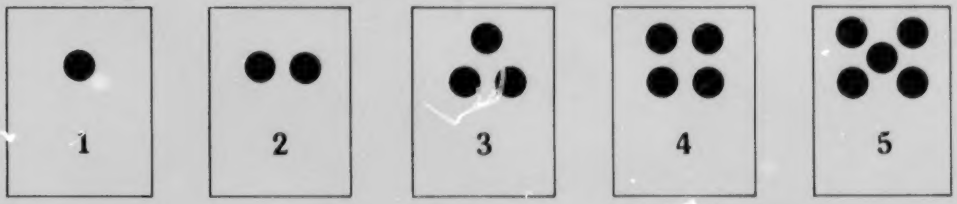
e. **Reads numerals 3, 4, 5**



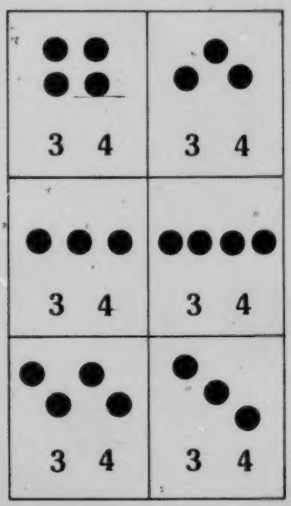
Louis will mark the correct numeral when given the following worksheet for numerals 3, 4, and 5. 100% accuracy. Louis will say the numeral as he marks it.

f. **Reads numerals 1-5 with counting cues**

Louis will read the following numeral flashcards with 100% accuracy.

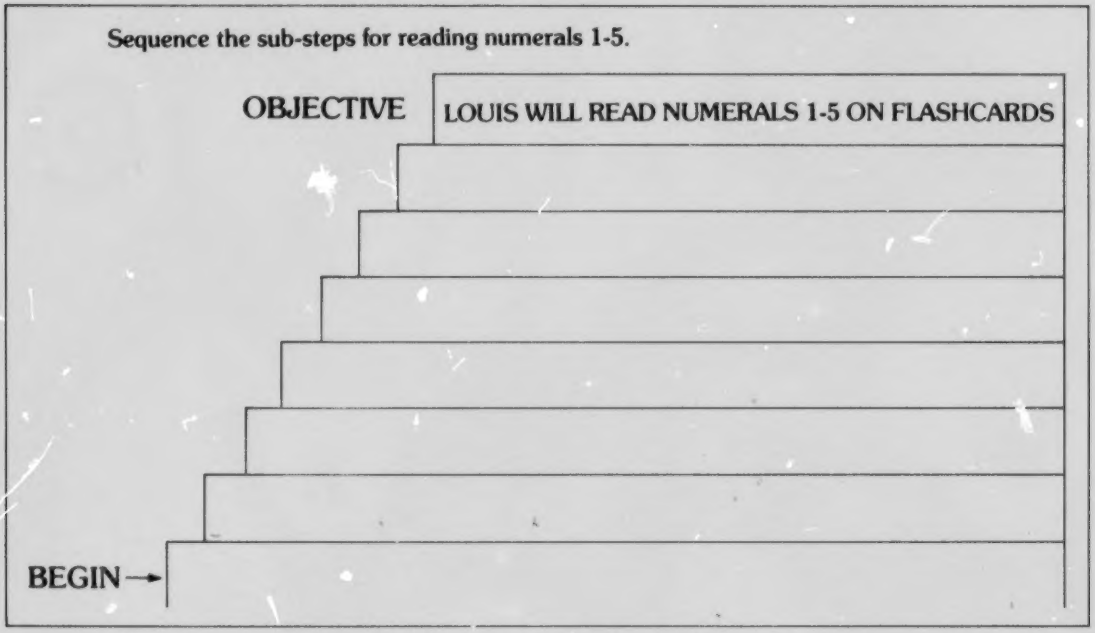


g. **Reads numerals 3 and 4**



Louis will mark the correct numeral when given the following worksheet for numerals 3, 4 with 5 out of 6 correct. Louis will say the numeral as he marks it.

Sequence the sub-steps for reading numerals 1-5.



Abbreviate the sub-steps as you write them on the chart.

Assignments

1. Task analyze and sequence the following objective:

   Louis will raise his right or left hand as the teacher requests, with 90% accuracy.

   Break the objective into at least 6 sub-steps:

   1.
   2.
   3.
   4.
   5.
   6.

When you task analyze the objective, consider the following questions:

1. Are there sufficient sub-steps to ensure success in achieving the objective?
2. Are all the sub-steps necessary?

Sequence the sub-steps on this task analysis card.

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Short-Term Goals

Skill Area: _____ Child's Name _____

Date _____

GOAL

OBJECTIVE ► LOUIS WILL RAISE HIS RIGHT OR LEFT HAND AS TEACHER REQUESTS

		Date Achieved
STEP 5		
STEP 4		
STEP 3		
STEP 2		
STEP 1		
PRESENT LEVEL OF FUNCTIONING		

BEGIN →

2. Task analyze and sequence one appropriate objective which has been set for a child in your classroom.

OBJECTIVE: _____

_____

Break the objective into at least six sub-steps:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Sequence the sub-steps on this task analysis card.

Short-Term Goals

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Skill Area: _____ Child's Name _____

Date _____

Objective:		Date Achieved
STEP 5		
STEP 4		
STEP 3		
STEP 2		
STEP 1		
Begin →	PRESENT LEVEL OF FUNCTIONING	

Optional Training Material

Reverse Chaining for Teaching Self Help Skills

What Is It?

Reverse chaining is the method generally used to teach self-help skills. The self-help objective is first broken down into its sub-steps, just as in any task analysis, but the last step or the step that completes the task is the first step taught to the child. For example: When you're teaching a child to tie his shoe, you might tie the knot, make the loops and pull the loops slightly. Then you teach the child to grasp the two loops and pull them tightly. "Good, you tied your shoe!" Once the child successfully completes the last sub-step, he is taught the second to last sub-step, etc.

Why Is It Important?

It is important because the child completes the task and he has a feeling of accomplishment. The teacher can praise the child for doing the task.

Objective: The child will buckle his belt, without help, everytime he puts it on.

BEGIN TEACHING →	HOLDS BUCKLE IN ONE HAND AND INSERTS STRAP THROUGH BUCKLE OPENING	TEACH THIS STEP FIRST
	RELEASES TENSION ON STRAP	TEACH THIS STEP SECOND
	INSERTS PRONG INTO HOLES	TEACH THIS STEP THIRD
	PULLS STRAP SO HOLE SHOWS	TEACH THIS STEP FOURTH
	PUSHES STRAP INTO BUCKLE	TEACH THIS STEP FIFTH
	GRASPS BUCKLE IN ONE HAND, STRAP IN THE OTHER	TEACH THIS STEP SIXTH

MODULE III

B. PRESCRIPTIVE TEACHING

4. Task Analysis

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
DEMONSTRATES THE ABILITY TO TASK ANALYZE A BEHAVIOR	20.0 /		
a. breaks the task into its essential sub-steps	5.0 /		
b. arranges the sub-steps in a logical teaching sequence.	5.0 /		
c. includes sufficient sub-steps to insure that the child will successfully complete his/her objective.	5.0 /		

4. Task Analysis . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
d. observes child's response and modifies teaching step appropriately (skips or adds sub-steps as necessary).	5.0 /		
	/		
	/		
	/		

MODULE III

B. PRESCRIPTIVE TEACHING

4. Task Analysis

Suggested Audio-Visual Materials:

"Cynthia Dresses Herself"

Clearly demonstrates the task-analysis model for teaching a young handicapped child to dress herself. Appropriate for parents, teachers and paraprofessionals. Color. Demick Motion Picture Services, 5258 N.E. Sandy Blvd., Portland, OR

"Graduation Day"

Depicts severely retarded children at Parson Hospital in Kansas. Demonstrates self-care skills, some pre-academic skill instruction, and a very good demonstration of the steps necessary in teaching basic, simple motor imitation. Also demonstrates modeling, prompting, fading, shaping and the use of positive reinforcements. Color/15 minutes. Bureau of Child Research, 223 Haworth, University of Kansas, Lawrence, KS 66044

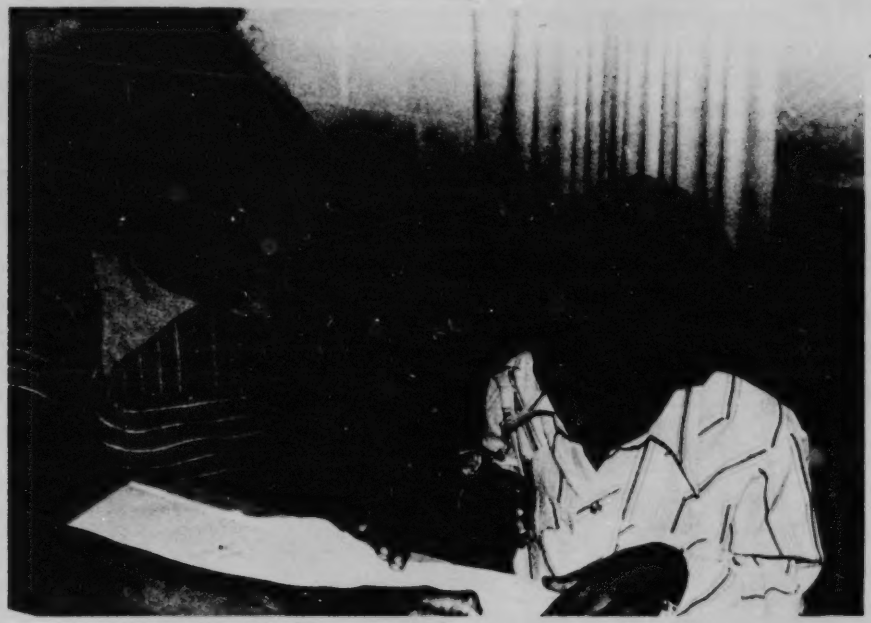
"Kirsten Learns to Eat"

Clearly demonstrates the task-analysis model for teaching a young handicapped child to feed herself. Color. Demick Motion Picture Services, 5258 N.E. Sandy Blvd., Portland, OR

MODULE III

B. PRESCRIPTIVE TEACHING

5. Teaching Strategies



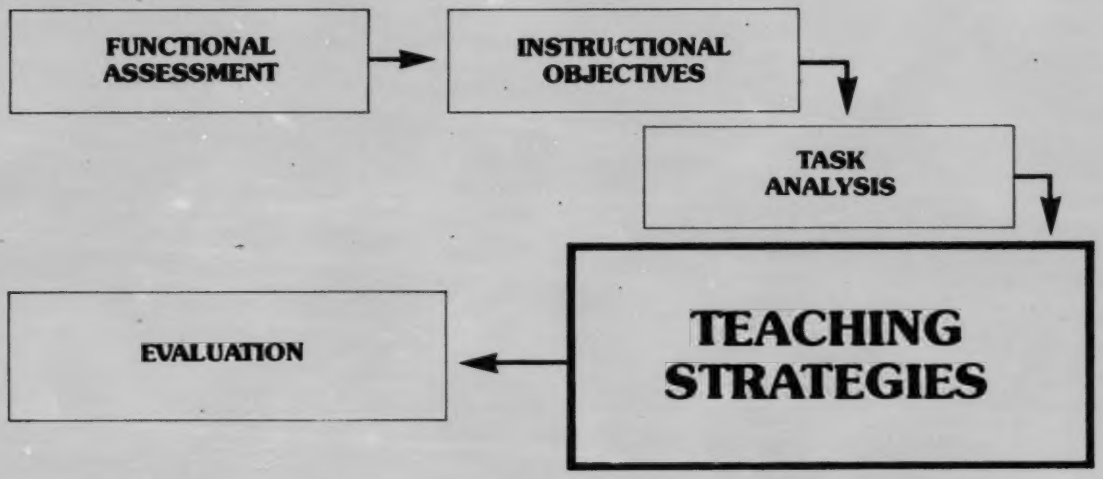
The teacher aide will be able to:

- list three examples of establishing attending behavior
- explain the importance of isolating a concept
- explain the importance of preventing failure
- define "prompting" and give example
- define "shaping" and give an example of shaping a child's behavior
- define "positive reinforcement" and give examples of three different types of reinforcers

MODULE III

B. PRESCRIPTIVE TEACHING

5. Teaching Strategies



What Is It?

The following current definitions of teaching and learning are in accordance with the philosophy of this manual:

1. Teaching is the teacher's intentional arrangement or manipulation of the environment so that the child will learn what is being taught more efficiently than if he were to learn it incidentally from the world at large. (Barbara Bateman, p. 8 **Essentials of Teaching)**
2. A teacher is one who expediates learning. Learning is a change in behavior. A teacher's job then, is to change behavior. (Julie Vargas p. 2, **Writing Worthwhile Objectives)**

Therefore, when referring to a teacher, we mean someone who conscientiously plans, either through specific lessons or by the arrangement of the environment, to change the behavior of children. This manual will demonstrate methods to teach desirable behaviors and will also point out ways in which undesirable behaviors are inadvertently taught.

Why Important?

This seems to be a ridiculous question, for the need to teach children is obvious. Education prepares children to take a responsible place in society.

In this manual, we will deal only with direct teaching practices. These methods are appropriate for all children, but essential for the handicapped child. Most children benefit from experimental learning situations and often learn academics no matter how poorly they are taught, but special children need to be taught precisely.

How?

Children learn new skills in a variety of ways. In most learning situations the child is asked to do a task, he responds and the teacher provides a feedback or reinforcement. In teaching the first grader to read, the teacher presents the word **car** and asks the child to read the word, but the child says **cat.** The teacher immediately corrects the child and asks him to say **car.** When the child says **car,** he is praised. If the child had received no feedback when he said the incorrect word and no praise when he responded correctly, would the lesson have any meaning?

Once the child has been assessed, the objectives determined and the task analyzed, then teaching can begin. Barbara Bateman in her book **The Essentials of Teaching** describes the essentials of teaching an individual lesson as follows:

1. Present isolated concept
2. Elicit response
3. Reinforce and/or correct

Exercise 1.

In the example of the child learning to read,

1. What was the isolated concept?

   _____

2. How was the response elicited?

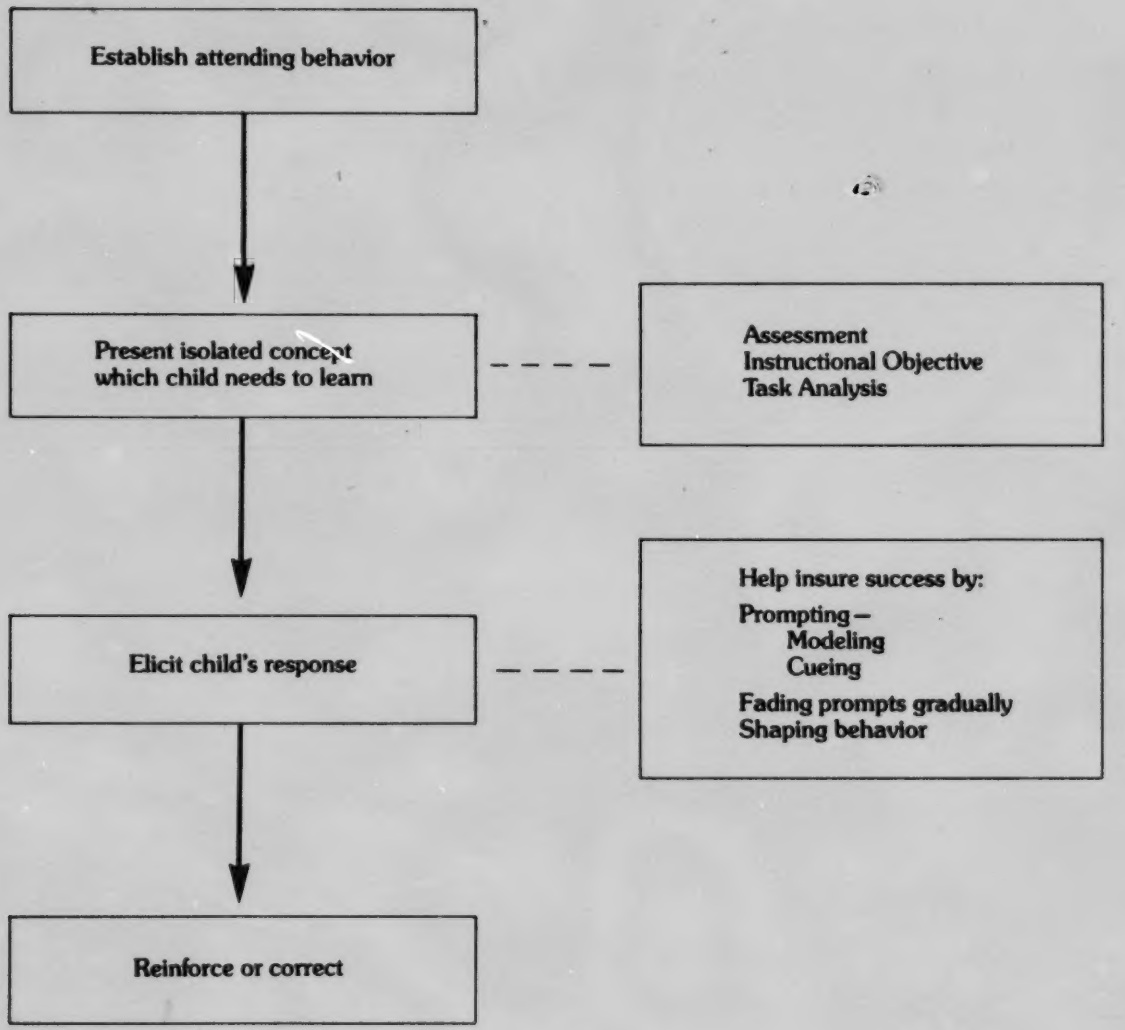
   _____

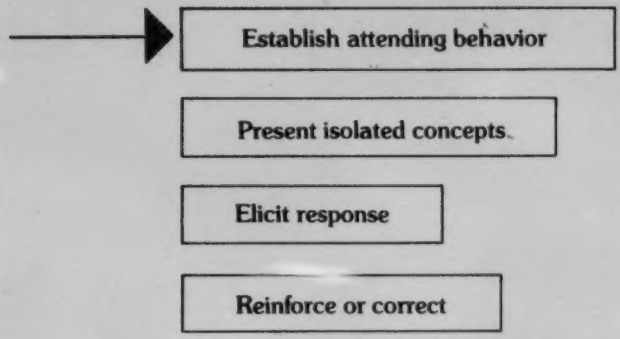
3. How was the response reinforced/corrected?

   _____

DIRECT TEACHING METHODS

YOU MUST:





Before beginning a lesson, be sure the child is attending to the task; otherwise the teaching is wasted. The child should be looking at you or at the materials being used.

The teacher must cue the children so that they know where to attend and to whom.

Exercise 2

Underline the statements which describe the methods used to establish attending behavior. The following examples:

_____ 1. The teacher says, "Janie, look at this block. What color is it?"

_____ 2. Teacher says, "Everybody watch me. How many fingers am I holding up?"

_____ 3. During work period in kindergarten, the teacher rings a bell and asks the children to put all materials away.

_____ 4. The teacher holds the child's face in her two hands and moves the child's head so that their heads are close together and facing each other. The teacher says, "Say dog."

_____ 5. The teacher holds the ball close to the child's face and says, "Say ball."

_____ 6. The teacher moves her finger up and down on the circle and says, "Make one just like this on this paper."

_____ 7. The teacher says, "Jenny, see Tommy is paying attention and looking at the chalkboard."

_____ 8. The teacher says "Look at me" while gently moving Sam's chin toward her face.

_____ 9. The teacher lowers her voice to a whisper and says "Can you hear me?"

_____ 10. The teacher claps her hands and tells the children to come in from the playground.

Review the above examples and put an **A** if the teacher gives an auditory cue (the children hear the cue), a **T** for tactile (the children feel the cue), a **V** for visual cue (the children see the cue). Some examples use more than one kind of cue.

Some children are very distractible and you must find ways to help them to attend to the task. Be sure to consider the classroom setting for the lessons. Try to work where there will be few distractions. This may be in a quiet corner of the room or you may take the child to another room.

Exercise 3

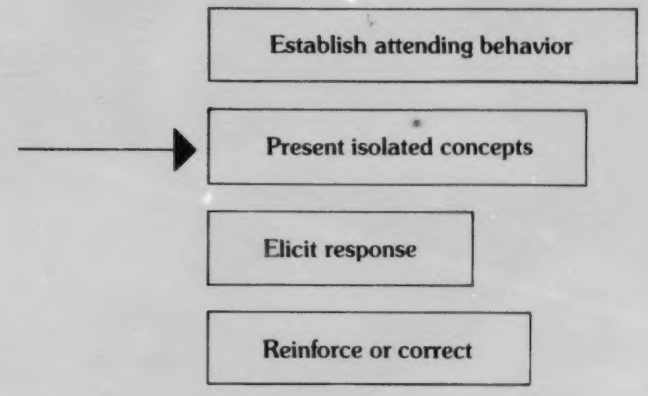
Describe different techniques the teacher might use to get the children's attention before starting the following lesson:

During a small group math lesson, the teacher expects the children to give her the answers to problems written on the chalkboard.

1.

2.

3.



Present Isolated Concept

The functional assessment determines exactly what the child knows and doesn't know. The instructional objectives state what the child needs to learn. The objectives are then task analyzed or broken down into sub-steps.

The task analysis gives you the isolated concept or sub-step which needs to be taught. It is essential that you start with the most elementary sub-step and teach only one concept at a time. The following demonstrates teaching a single concept:

Ms. Jones was teaching consonant sounds to Johnny. She presented the following small toys: ball, bed, boat, bat, book, cat, mouse and mitten. Johnny easily named the objects. As a review of a previous lesson, she had Johnny put the objects that began with a **m** sound in the **m** box and this was done successfully. Thus she knew that he understood the directions. Then Ms. Jones demonstrated putting the book in the **b** box and asked Johnny to find everything that began with the **b** sound. Johnny put the ball, boat and bat in the box but left out the bed and the cat. Ms. Jones said "bed" emphasizing the **b** and asked the child to repeat the word. As he repeated it, Johnny put the bed in the **b** box.

"Good work" Johnny. Good teaching Ms. Jones.

Next, Johnny will sort objects that begin with **b** and **m**. Then a new consonant sound will be introduced.

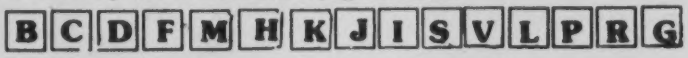
What was the concept Ms. Jones was teaching?

Did Johnny feel successful?

Exercise 4

In the following examples the teachers did not isolate one concept. As a result, the lessons were confusing and unproductive.

1. Ms. Smith presented the following 15 cards:



and asked Sammy to name the letters. Sammy could do this. Then Ms. Smith said the consonant sounds and asked Sammy to repeat them after her. Sammy could also do this task. Then Ms. Smith presented the following picture cards: goat, ring, pan, lamp, vest, saddle, tree, jack, king, nail, map, fan, dog, cat and ball and asked Sammy to match the beginning sound of the picture card to the consonant card. Sammy did this correctly with only the **b** sound.

Did Ms. Smith isolate the concept? _____

What was she trying to teach? _____

_____

Did Sammy feel successful? _____

How many concepts were included in this one lesson? _____

_____

How should this lesson be taught? _____

_____

_____

2. Ms. MacDonald was also teaching consonant sounds. Billy could already select words that began with the **b** sound and Ms. MacDonald was introducing words that began with **c**. She had a box with the letter **b**, and a picture of a boat on it and a box with the letter **c** and the picture of a cat on it. The child was given the following little plastic toys: bat, ball, bell, coat, car, candle, cup, chicken, chain, dog, truck, pan. Ms. MacDonald asked Billy to name each object and he did it correctly. He was then asked to put the objects that began with the **b** sound in the **b** box, the objects that began with the **c** sound in the **c** box. Billy put the

bat, ball and bell in the **b** box and the coat, car, candle, and cup in the **c** box. Ms. MacDonald asked him to repeat the names of the chain and chicken and told him that these should go in the **c** box also.

What was the concept being taught? _____

_____

What was confusing Billy? _____

_____

Do the words chicken and chain begin with **C**? _____

Do they begin with the **c** sound? _____

How should this lesson be taught? _____

_____

3. In another lesson on consonant sounds, Ms. Williams wanted Joe to match picture cards that began with **g** and **j** to the letter cards. Joe already could distinguish beginning consonant sounds but occasionally mixed up his **g** and **j** sounds. The following picture cards were presented: goat, jump rope, jeep, gun, giraffe, jack-o-lantern, gum, jail and jam.

Why would those picture cards be confusing? _____

_____

How could that lesson be improved? _____

_____

_____

_____

_____

4. Ms. Rodgers wants Jamie to be able to select his name from a group of names. She and Jamie are sitting off in a corner of the room. Ms. Rodgers asks Jamie to name all of his friends and point to their chairs. After he names 6 children, she asks him to point to his own chair and say his own name. Jamie does this too. Ms. Rodgers writes all 7 children's names on the chalkboard, saying each as she writes it, then asks Jamie to find his own name. He cannot.

What was the concept? _____

_____

What interfered with isolating the concept? _____

_____

_____

_____

How could Ms. Rodgers change her lesson? _____

_____

_____

_____

Establish attending behavior

Present isolated concepts

→ Elicit response

Reinforce or correct

Elicit Child's Response

Once the child is attending to the task, then the teacher tells that child what to do. For example:

Gets Child's Attention	Obtain Response
"Look, Susie"	"What color is this?" (Points to ball)
"Watch me."	"Do what I do."
"Everybody, listen to the record."	"What animal do you hear?"
"Look at this card."	"What is this?" "How many legs does it have?"
"Listen to me."	"Say m-m-m"

Obtaining the child's response is the key to teaching. Although the above examples seem very simple, the teacher has laid a lot of ground work before reaching this step. It is crucial that each question must be appropriate for the child.

Prevent Failure

It is important to insure the special child's success at this point. Special children have learned to fail and education has often been an unhappy experience. When working with the special child, it is up to you to make the lesson a happy, positive, successful time. How can you help the child be successful?

PROMPTING

Establishing appropriate objectives, analyzing the task, isolating the concept and establishing attending behavior are the first essential steps and these have been previously discussed in this manual. There are also other specific techniques which will help you help the child. These techniques are called prompting.

Prompting means – helping the child respond correctly.

There are two basic methods of prompting:

1. Modeling – demonstrate the correct response
2. Cueing – Hinting at the correct response

Modeling

The teacher can model the behavior or another child can model the desired behavior.

Exercise 5

Underline the modeling technique used in the following examples:

1. Teacher: "Look at me. What number is this?" (Holds up number "2")
   James: Hesitates.
   Teacher: "Two. Say two."
   James: "Two"
   Teacher: "Good, you said two."

Who was the child to imitate? _____

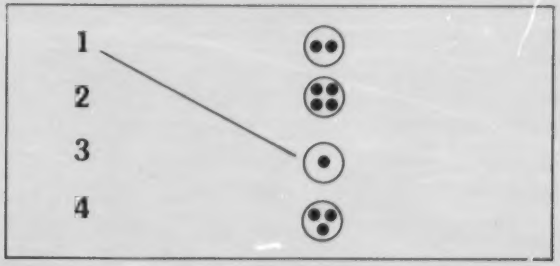
2. Teacher: "Listen to me. What is the principal's name?"
   Jane: "Mr."
   Teacher: "Good beginning Jane. Tom, please finish the name."
   Tom: "Mr. Conner"
   Teacher: "Good Tom. Can you say that Jane?"
   Jane: "Mr. Conner"
   Teacher: "That's right Jane. Good."

Who was the child to imitate? _____

3. Teacher: Rings bell. "It's clean up time."
   John: Puts away his art material and sits at his desk.
   Ken, Ron & Sally: Continue to work on art project.
   Teacher: "Look at John. He knows just what to do."

Who were the children to imitate? _____

4. Teacher: "Look at this worksheet."



"Please match the numeral to the correct number of dots just as I did for numeral 1."

Who was the child to imitate? _____

5. Teacher: "We're going to learn a new song today. Let's listen to the record and repeat what the man says."

Who do the children imitate? _____

6. Teacher: "We're going to play Hap Palmer's 'Song About Colors'. Mary, would you hold Johnny's hand and stand with him when the record says 'blue's stand up.'"

Who was Johnny to imitate? _____

Exercise 6

Describe modeling techniques you have used in your classroom.

1. Teacher models desired behavior.

_____

_____

_____

_____

_____

2. Another child models desired behavior.

_____

_____

_____

_____

_____

When working with very low functioning children, you must first teach them to imitate behaviors. This is a very useful skill which the teacher should utilize to teach other skills.

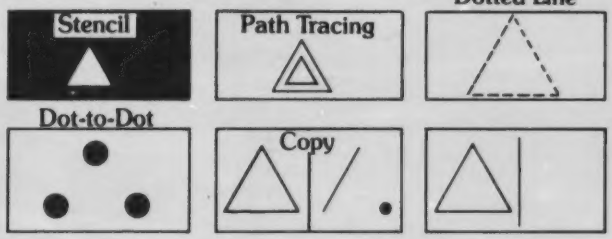
CUEING

A cue or hint is given to help the child give the correct response. Cues can be given in a variety of ways. The following are examples of different cueing methods:

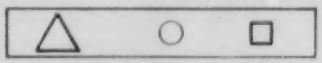
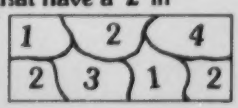
TACTILE—THE CHILD FEELS THE CUE.	
Method	**Example**
Physical assistance moves the child through the motions	Teacher: "Clap your hands". Child: Does nothing. Teacher: Holds child's hands and claps them. Repeats directions "Clap your Hands".
Textures—provide hints using textured materials	Teacher: "Point to the numeral 5". Provides numeral cards printed 1-4, but the 5 card has a sandpaper 5 glued on it.

AUDITORY—THE CHILD HEARS THE CUE.	
Method	**Example**
Volume—change volume of voice	Teacher: "Listen to this sentence and tell me the name of Jim's dog." "Jim and his dog, SPOT went for a walk".
Verbal explanation	Teacher: "Let's make a 5 together." "Draw the man straight with a big belly." "Now set his hat on top."
Verbal signal	Teacher: "What do we wear on our feet?" sh . . . . .

VISUAL – THE CHILD SEES THE CUE.

Method	Example
Position – arrange material so that the correct response is closer to the child.	Teacher: "Ron, look at the blocks". Holds a red block and a blue block in front of the child. "Touch blue." Ron: Begins to touch red block. Teacher: Moves blue block closer to Ron's hand. "Good work Ron. You touched blue".
Size – make the correct answer larger than the other choices.	Directions: On worksheet, mark all the fives. 5 1 2 4 3 5 4 1 5 2 5 3
Signal – Color – make the correct answer a different color.	Teacher: "Look at this row of circles. Find the one that is first."
Guidelines – various written cues can be used.	Worksheets for making a triangle. 

Read the following lesson descriptions. Decide if the prompting method used is modeling or cueing. If the prompt is a cue, then mark the column describing the type of cue.

Exercise #7	PROMPTS											
			Tactile Cue		Auditory Cue			Visual Cue				
	Modeling	Cueing	Physical Assistance	Texture	Voice Volume	Verbal Explanation	Signal	Position	Size	Color	Written
1) Teacher: "Look at this card".  "Jimmy, point to the triangle".											
2) Teacher: "Jamie, show us how to hop". Jamie: Hesitates. Teacher: Hops. "Watch me hop. Now you do it".											
3) Teacher: "Watch me draw the triangle, down, down, connect the lines."											
4) Teacher: "Color all the areas green that have a '2' in them." 											
5) Teacher places a cardboard stencil over a sheet of paper. "Put your pencil in the groove and draw a "7".											
6) Teacher: "Billy, look at the magic pictures. Find the one that starts with the 'b' sound." As Billy reaches for the magic picture, the teacher pushed the "b" picture closer to him.											

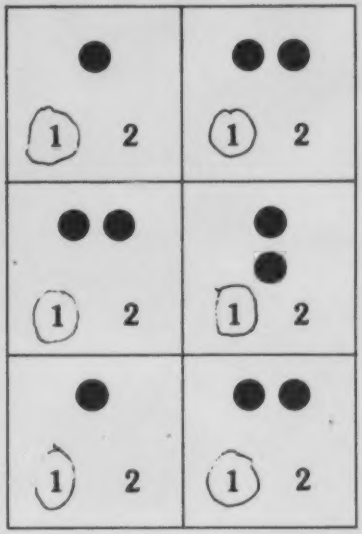
Exercise 8

Jimmy can't do this worksheet.

Teacher: "Jimmy mark the correct numeral in each box".

Jimmy circles all of the 1's.

Explain the prompts you would use to make this lesson more successful for Jimmy.



FADING PROMPTS

Fading means to withdraw the help.

Prompts should be faded gradually so that the child continues to be successful. The teacher needs to plan the systematic elimination of prompts, until the prompt is no longer necessary.

The goal is to have the child perform the task without assistance. Fading too quickly could cause frustration and failure. Failing to recognize when the prompt should be faded wastes time and does not promote learning.

Exercise 9

1) Objective: To read the words Men and Women on restroom signs independently.
What are the visual cues which differentiate these two signs?_____

_____

2) What cues have been faded? _____

_____

_____

3) What cues have been faded? _____

_____

_____

4) What cues have been faded? _____

_____

_____

5) What cues have been faded? _____

_____

_____

6) What cues have been faded? _____

_____

_____

7) What cues have been faded? _____

_____

_____

SHAPING

Shaping means that you reinforce responses so that you gradually increase the ability or skill of the learner. You are shaping or gradually changing the child's behavior.

For example:

Kim is a kindergarten child with motor and balance problems. She is able to walk down the hallway to the outside door if she stays close to the wall. However, Kim cries if her mother or teacher tell her to walk alone.

Objective: Kim will walk to and from her classroom independently 2 times each school day.

Day 1 – Kim's mother and teacher tell Kim that they are going to help her learn to walk to the classroom by herself. The teacher, Ms. Marlow stands in the classroom doorway while Kim's mother walks Kim 3/4 of the way to the classroom and stops. Kim tearfully completes the next few feet alone as Ms. Marlow smiles and encourages her. After school, the process is repeated in reverse with Ms. Marlow serving as escort for 3/4 of the walk and Kim's mother standing in the doorway of the school praising Kim for walking the last part of the way alone.

Day 2 – Repeat Day 1 procedure.

Day 3 – Repeat Day 1 procedure. This time, Kim is smiling when she reaches her mother and the big hug exchanged is evidence of success.

Day 4 – Repeat Day 1 procedure to ensure that the new behavior (walking alone 1/4 of the way to and from the classroom) is established.

Day 5 – Kim's mother tells her daughter that she is going to only walk halfway to the classroom with Kim today. Kim does not cry this time, but completes the walk alone. Her teacher offers encouragement and praise when Kim reaches the kindergarten classroom door after walking farther than she ever has, alone.

Day 6 – Repeat Day 5 procedure.

Day 7 – Repeat Day 6 procedure.

Day 8 – Repeat Day 5 with mother and teacher walking only 1/4 of the distance with Kim and Kim walking 3/4 of the distance alone.

Day 9 – Repeat Day 8 procedure.

Day 10 – Repeat Day 8 procedure.

Day 11 – This is the big day! Kim's mother stands in the school entry way with Ms. Marlow standing in the classroom doorway. Kim walks to her classroom alone. At the end of the day she walks to the outside school doorway alone, meeting her smiling mother at the end.

Day 12 – Repeat Day 11 procedure.

Day 13 – Repeat Day 11 procedure.

Day 14 – Kim's mother drives up to the school, helps Kim out of the car and watches as Kim walks to the school alone. Ms. Marlow waves to Kim from the classroom doorway and waits as Kim walks to the classroom. At the end of the day, Ms. Marlow watches Kim walk out the school doorway while Kim's mother stands by the car door encouraging her daughter to walk to the car alone.

Day 15 – Repeat Day 14 procedure.

Day 16 – Repeat Day 14 procedure.

Day 17 – Kim's mother stays in the car as Kim walks into the school. Today Ms. Marlow waves to Kim and goes into the classroom. Kim walks to the classroom herself, without the watchful gaze of mother or teacher. Ms. Marlow smiles and praises Kim for her efforts.

Day 18 – Repeat Day 17 procedure.

Day 19 – Repeat Day 17 procedure.

Day 20 – Ms. Marlow stays in the classroom and greets Kim when she enters. Kim, her mother and Ms. Marlow decide that the objective is accomplished. They agree that their efforts have really paid off. Kim is proud of her accomplishment.

Exercise 10

Kim's behavior was gradually shaped into the desired behavior.

What task was reinforced on Day 1?
Kim was reinforced for walking _____ / _____ of the way down the hall alone.

What task was reinforced on Day 5?

_____

_____

What task was reinforced on Day 8?

_____

_____

What task was reinforced on Day 11?

_____

_____

What task was reinforced on Day 14?

_____

_____

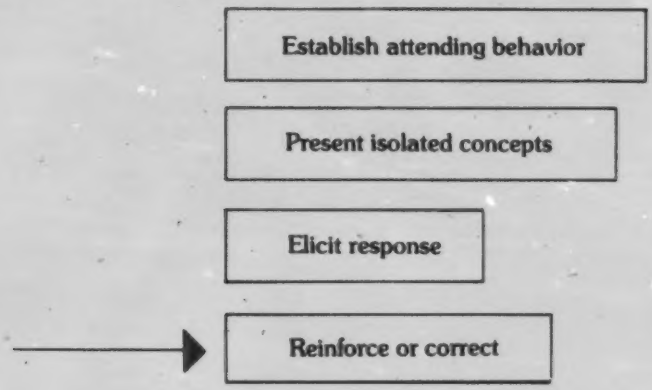
What task was reinforced on Day 17?

_____

_____

As you can see by this example many techniques are used to help insure success. Good teachers incorporate all of these techniques into their lessons.

POSITIVE REINFORCEMENT



Reinforcement is the event that immediately follows a behavior. For example:

Teacher: "Watch me. I'm touching my ear. Touch your ear."

Child: Touches his ear.

Reinforcement → Teacher: "Great! You can touch your ear."

In teaching any new skill, the response is the key to the child's learning. The following episode describes a learning situation:

The baby is making sounds as his mother plays with him. Mother says "MaMa" and points to herself. The baby continues his babbling, but eventually says "MaMa". When his mother hears, she immediately gives him a big smile and a hug. The baby then repeats "MaMa" several times and receives much attention for his efforts.

If the baby had received no reinforcement for his talking he would not have learned the new word. He learned to say "MaMa" because his mother reinforced him with smiles and hugs. Mother's response to the baby's behavior taught him to say "MaMa".

In teaching all skills, either academic or social, immediate feedback or reinforcement is essential, for that is how learning occurs.

Minimize mistakes but praise, praise, praise correct responses. Remember the old song: "Accentuate the Positive". This should be every teacher's theme song.

How can we reinforce a behavior?

1. Social Reinforcement

   Verbally "Good job"
   "I like that"
   "Look at Joey's neat paper"
   "That's great"
   etc.

   Facial Expressions – Smile
   Nod head
   etc.

   Touching – Shake hands
   Pat on back
   Hug
   etc.

2. Token Reinforcement

   Happy Face
   Stickers
   Tokens
   Food (this is usually not necessary in public school classrooms)
   etc.

3. Activity Reinforcement

   Extra time on the playground
   Time to use special toys or games
   etc.

Exercise 11

Re-read the previous example where the baby learned to say "MaMa".

How did the mother reinforce the baby's talking?

_____

_____

What type(s) of reinforcer was used?

_____

_____

The reinforcement must immediately follow the correct response so that the child understands exactly what is being reinforced. If the reinforcement does not immediately follow the desired behavior the child can become confused. For example:

Exercise 12

The teacher was trying to teach Jimmy to identify his name. She glued his photograph and wrote his name on a card. She made a similar card for Sam.

Teacher: Placed both cards in front of Jimmy and said, "Jimmy. Point to Jimmy."

Jimmy: Points to his card, then points to Sam's card.

Teacher: "Good Jimmy. That's great."

What was the teacher reinforcing? _____

_____

When should she have praised Jimmy? _____

_____

Teaching Louis

Instructional Objective: Louis will read numerals 1-3 when given five flashcards in random order, with no more than one error.

Task Analysis:

Sub-step: Match the numeral 3 to correct set of dots.
Entering Behavior: Matches 1 and 2 to correct set of dots.

ESTABLISH ATTENDING BEHAVIOR

Teacher: "Louis, look at this worksheet".

PRESENT ISOLATED CONCEPT

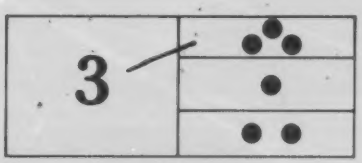
ELICIT RESPONSE

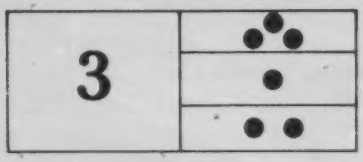
Model

Teacher: "I'll draw a line from the numeral 3 to the 3 dots on my worksheet. Now you do it on yours.

Louis: Matches 3 to 3 dots.

REINFORCE

Teacher: "Good Louis. You matched the 3 to the dots."

Do this worksheet several times:



ELICIT RESPONSE

Cue ——→	Teacher:	Marks over the 3 on Louis' paper with red and circles the 3 dots with red.
(Visual color)		"Louis, match the numeral 3 to the 3 dots."
	Louis:	Matches 3 to 3 dots.

REINFORCE

Teacher: "Wow! Good work Louis."

ELICIT RESPONSE

Cue ——→	Teacher:	"This is a 3". (Points to numeral 3) "Find 3 dots on this side."
(Auditory Verbal Expl.)	Louis:	Matches 3 to 3 dots.

REINFORCE Teacher: Smiles at Louis and says "Good Work".

As Louis' skill increases the prompts are faded until Louis is able to complete a copy of this worksheet with no hints from the teacher.

He then begins to work on the next sub-step on his **task analysis card.**

MODULE III

B. PRESCRIPTIVE TEACHING

5. Teaching Strategies

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
5. DEMONSTRATES ABILITY TO CONDUCT A LESSON/ACTIVITY WHICH HAS BEEN PREPARED TO INDIVIDUALIZE INSTRUCTION FOR ONE CHILD	25.0		
a. prepares materials in advance and maintains control of materials.	1.0		
b. provides an appropriate setting for the lesson/activity.	1.0		
c. establishes attending behavior beginning lesson/activity (sitting, eye contact, etc.).	1.0		

COMPETENCY 5

5. Teaching Strategies . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
d. develops lesson/activity which is at an appropriate level for the child.	4.0 /		
e. isolates and teaches one concept at a time. Does not include confusing and irrelevant concepts.	3.0 /		
f. gives clear, concise directions to child(ren).	2.0 /		
g. alters own language level to meet level of child(ren). Provides numerous opportunities for children to talk.	1.0 /		

5. Teaching Strategies . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
h. provides prompts when necessary. Models expected behavior. Provides a variety of cues.	2.0 /		
i. fades prompts. Refrains from giving too much help.	1.0 /		
j. rewards attending behavior.	1.0 /		
k. rewards correct responses.	2.0 /		

COMPETENCY 5

5. Teaching Strategies . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
l. refrains from repeating the same directions several times (more than three) when a child does not respond or responds incorrectly.	1.0 /		
m. provides consistent consequences for inappropriate behavior.	1.0 /		
n. modifies plans and expectations when necessary.	2.0 /		
o. allows adequate time for child(ren) to respond.	1.0 /		

5. Teaching Strategies . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
p. terminates lesson/activity with positive statement and expression.	1.0 /		
	/		
	/		

B. PRESCRIPTIVE TEACHING

6. Preparing Written Plans

The teacher aide will be able to:

- explain the importance of preparing carefully written plans
- write a lesson plan designed to meet an instructional objective

MODULE III

B. PRESCRIPTIVE TEACHING

6. Preparing Written Plans

It is usually the responsibility of the **teacher** to plan lessons for her classroom, and the responsibility of the **aide** to assist in the implementation of these plans.

Implementation might include:

- designing specific activities or games
- making materials
- breaking tasks down into sub-steps
- actually conducting the lesson.

Sometimes the teacher and the aide plan lessons together, and sometimes the teacher aide plans the lessons independently. This varies from classroom to classroom. However you and the teacher decide to share responsibilities, you should keep in mind that:

- the lesson will be more successful if it is **carefully planned**
- the lesson should be directly related to the instructional objectives
- the objective may remain the same for several days but the specific teaching procedures may change daily
- a separate plan should be prepared for each lesson taught
- the teacher and the aide should review each plan together

The following form provides a guide for a good lesson plan.

Complete the following lesson plan, using Louis' new objective, "Louis will raise his right hand as the teacher requests, with 90% accuracy."

INDIVIDUALIZED INSTRUCTION
LESSON PLAN FORM

Instructional Objective:

1. Behavior (exactly what the child will learn)

2. Condition (what help the child will be given or denied)

3. Criteria (how well the child will do the task)

Specific sub-steps to be taught:

Materials needed:

Teacher behaviors: (How you will elicit child's response)

Reinforcement to be used:

Child's responses (complete during lesson or immediately after finishing lesson):

Ideas for next lesson (complete during lesson or immediately after finishing lesson)

COMPETENCY 6

MODULE III

B. PRESCRIPTIVE TEACHING

6. Preparing Written Plans

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
DEMONSTRATES ABILITY TO WRITE AN APPROPRIATE LESSON PLAN FOR ONE CHILD WHICH REFLECTS A SHORT TERM OBJECTIVE FROM THE INDIVIDUAL EDUCATION PROGRAM FOR ONE CHILD	5.0 /		
a. prepares written lesson plan prior to the date and time of the lesson/activity.	.5 /		
b. specifies the instructional objective in precise terms, including an observable **behavior**, the **condition** under which the behavior will occur, and the **criteria** for acceptable child performance.	.5 /		
c. task analyzes the instructional objective (breaking the objective into appropriate sub-steps).	.5 /		

6. Preparing Written Plans . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
d. specifies the materials necessary to successfully teach the lesson/activity.	.5 /		
e. lists the teacher behaviors (presentation of materials, verbal instructions to child, other cues or prompts) in the intended order for the lesson/activity.	2.0 /		
f. specifies the type of reinforcement to be employed for correct response(s).	.5 /		
g. provides section on plan to record child response(s), spontaneous alterations to plans, and ideas for future plans.	.5 /		

MODULE III

B. PRESCRIPTIVE TEACHING

1. Objective Observation
2. Functional Assessment
3. Instructional Objectives
4. Task Analysis
5. Teaching Strategies
6. Preparing Written Plans

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MODULE III

B. PRESCRIPTIVE TEACHING

7. Teaching Social Skills

The teacher aide will be able to:

- identify the child's behavior which is being reinforced by the teacher
- identify the teacher's behavior which reinforces the child's behavior
- identify objectively stated behaviors
- describe behaviors in observable terms
- list appropriate behaviors to increase and decrease
- select an appropriate target behavior
- identify the teacher's preceding cue, the child's response, and the teacher's feedback
- define a reinforcer

MODULE III

B. PRESCRIPTIVE TEACHING

7. Teaching Social Skills

Teachers readily accept the responsibility of teaching academic skills, but often expect children to be well-behaved and motivated when they come to school. Since most children do exhibit appropriate social skills, it is difficult for teachers to accept the responsibility for teaching behaviors they feel children should be expected to exhibit. If a child has difficulty doing math problems, teachers will plan and implement appropriate teaching strategies, but if a child will not attend to the lesson and constantly talks out of turn, teachers often have difficulty implementing specific teaching strategies.

Social skills can be taught in school and are taught just as any other skill is taught. First, the teacher must determine exactly where the child is functioning. The second step is to set long range goals. These goals must then be analyzed and broken down into the small steps which constitute the daily instructional objectives. At this point, teaching strategies are designed and implemented. At the end of each lesson, the teacher evaluates her teaching by determining whether or not the child met his/her objective.

This module is oriented to problems that teachers of children face daily.

Reinforcing Desirable Behaviors

While teaching social skills the teacher must be aware of his/her own behavior at all times. This is the key to changing the child's behavior. A teacher frequently is able to increase a behavior by attending to it and to decrease a behavior by ignoring it. Generally teachers teach desirable behavior; however, undesirable behaviors are sometimes inadvertently taught. This occurs because the teacher takes for granted or ignores desirable behaviors and reacts or gives attention to undesirable behaviors.

Exercise 1

What behaviors are being attended to in the following situation?

1. Louis and Randy are quietly sharing a book at the library table. Ms. Stone, the teacher, is busy rearranging the bulletin board. Randy pulls the book from Louis and the boys start to fight over the book. Ms. Stone rushes to the boys saying, "Stop fighting! You know we have only one of those books and you have to share."

   a. The boys received attention for _____ .

   b. What is the teacher teaching _____ ?

   c. Underline the statement which describes how the teacher reinforced the boys' fighting behavior.

   d. How could she teach the boys to share?

   _____

   _____

2. Susie has been crying every morning since school began four weeks ago. Every time she cries, the teacher or the assistant teacher tries to comfort her.

   a. Susie is receiving attention for _____

   _____

   b. What are the teachers teaching Susie to do? _____

   _____

   c. Underline the statement which shows how the teachers reinforced Susie's crying behavior.

   d. How could the teachers handle this situation differently? _____

   _____

   _____

3. Kendal, Tony, Lita, and Louis are participating in a small group lesson. Three of the children are cooperating and answering the teacher's questions, but Louis will not stay in his seat and pesters the other children. The teacher ignores Louis' behavior but is very attentive and encouraging to the children who are working. She praises them for working and sitting. When Louis sees that the children in their seats are receiving the teacher's attention, he sits in his chair. The teacher quickly praises him for sitting and includes him in the activity.

   a. Louis received attention for _____

   _____

   b. What behavior did the teacher teach? _____

   _____

   c. Underline the statement which describes how the teacher reinforced Louis' cooperation.

Observable Behavior

When teaching social skills, the behavior to be taught must be specified and must be observable. To say that a child is "sloppy" does not clearly specify his behavior, but if one says "he leaves his coat on the floor and doesn't make his bed," we are then describing observable behaviors. General labels such as "lazy," "smart," "helpful," "ambitious," and "compulsive" can be interpreted in different ways by different people and do not specify behavior. Terms such as "understands," "enjoys," "dislikes," or "appreciates" describe feelings and are also unobservable.

If the teacher clearly defines the behavior to be changed, it is easier to plan teaching strategies.

Observable behaviors are behaviors that can be seen such as: running, crying, looking at teacher, reading, or sharing crayons.

Changes in Behavior May be Very Slight

It is important to realize that it took the child several years to learn his/her particular repertoire of behaviors and it will take time for him/her to learn a new set of behaviors. The process of changing the child's behavior may be very slow and tedious, but by concentrating on only one behavior at a time change can occur. Even though the child exhibits several disruptive and undesirable behaviors, it is important to select only one behavior to be taught.

The following case study points out the importance of being specific in choosing a behavior to be changed and illustrates a simple method for looking at the child's strengths and weaknesses in the area of social skills. It also demonstrates a method for selecting one behavior as a target behavior.

SHAWN

Teacher's description of Shawn: "Shawn is physically handicapped. He doesn't participate in any of our group activities. It's as if he does not comprehend what you're saying to him. He does mischievous things to get the teacher's attention. He bangs on doors, hits children, spills milk, and whines. Even though he does all of these things and more, he is a lovable child. Shawn enjoys sleeping during the day. The children in the classroom don't like to play with Shawn because of his behavior."

Exercise 2

1. Underline the statements in the case study which describe observable behavior.
2. Circle the statements in the case study which are assumption.

Shawn's behavior caused many problems for his teacher and she was spending a disproportionate amount of time with him.

To prevent Shawn from bothering other children, he had to sit next to the teacher at table activities and on the lap of the teacher assistant during circle time. In spite of this extra care to control Shawn, he still managed to disrupt the classroom activities several times a day. A consultant observed Shawn for several days so that she could help the teacher plan a behavior intervention program. The teacher and the consultant discussed Shawn's behaviors and completed the following form. The behaviors were listed in observable terms and divided into behaviors to increase and behaviors to decrease.

List Behaviors to Increase and Behaviors to Decrease:

Shawn Behaviors to Increase	Behaviors to Decrease
Sitting on rug during group time	Kicking
Responding to teacher's first request	Throwing blocks, sand, toys
Putting away materials used	Spreading paint on tables and floors
Playing near other children without touching them	Crying
Staying seated	Hanging on teacher
Keeping on glasses	Sitting on teacher
	Taking things from other children
	Whining

Select a Target Behavior

By listing Shawn's behaviors in this way, his teacher was provided with a brief, but clear description of his strengths and weaknesses in the area of social skills. This specifically stated overview of Shawn's behaviors facilitated selecting the first behavior to be changed. Reviewing the list of Shawn's behaviors, his teacher realized that many of his undesirable behaviors would be diminished if he would do as she asked. For this reason, "responding to teacher's first request" became the target behavior for the intervention program. The teacher concentrated on this behavior first. When Shawn follows through on the teacher's requests, she may then begin to work on a second behavior she wishes to change. It must be remembered that change does not occur all at once. It occurs in small steps of improvement and attention must be given to each step along the way. It has taken Shawn a long time to learn his present behaviors and it may take weeks or months to learn new behaviors. Once the teacher has identified the target behavior, she must count the number of times that behavior occurs during a certain time period. It is essential that she do this before starting to change Shawn's behavior, so that she will know whether or not the program is successful, or to know if even small changes are beginning to occur.

The consultant and teacher discussed the target behavior and decided to record the following behaviors:

a. teacher's request or preceding cue
b. Shawn's response
c. teacher's feedback

The baseline data was collected for six days. The behaviors were counted 3 days a week during the same activity period for 1/2 hour each day. The following data sheet is typical of the information collected before the intervention program began.

Activity _____ Time _____ to _____

Teacher's cue	Child Responds	Teacher's feedback (consequences)			
Teacher's Request	Child Completes Request	Teacher's Reaction			
		Ignore	Reward	Repeats Request	Other
GET UP & GET SEAT AT TABLE				✓	
"	✓	✓			
GO PICK IT UP (DOLL)				✓	
"				✓	
"				✓	
"				✓	
"				✓	
"	(THROWS DOLL)			✓	
"	✓	✓			
GET IN LINE	✓	✓			
GET PAPER TOWEL & DRY HANDS				✓	
"	✓	✓			
GO PICK UP THE TOWEL				✓	
"				✓	
"	✓	✓			
BE SEATED ON RUG				✓	PUT ON RUG
"				✓	
"				✓	
"				✓	
"	✓	✓			
GET BACK ON RUG				✓	
"	✓	✓			
WIPE OFF TABLE	✓		✓		

Exercise 3

a. When did Shawn receive attention? _____

_____

_____

b. If Shawn did as asked, what was his teacher's reaction? _____

_____

_____

c. Look at the data sheet. List 3 of Shawn's behaviors and 3 of his teacher's behaviors which were observed by the data collector.

Shawn:

ex: (1) Threw doll.

a. _____

b. _____

c. _____

Teacher:

ex: (1) Repeated request.

a. _____

b. _____

c. _____

Intervention Program

It was noted that Shawn received little attention when he did as asked, but a great deal of attention when he did not. The intervention program was to reverse this by giving attention when he completed a task but no positive attention when he did not. Shawn would be praised when he did as the teacher asked and his inappropriate behavior would generally be ignored. The teacher always made sure Shawn followed through on everything she asked, even if she had to help him. He always received praise when he did as requested whether or not he was helped. When he did as asked independently, his teacher would give him a great deal of praise. She would tell him exactly what she liked. For example: "Shawn, you got on the rug all by yourself, just as I said. That's great". When Shawn needed help to complete a request, his teacher would guide him to the rug and say, "I'm glad you're on the rug."

Shawn's mischievous behavior was generally ignored. When he threw objects, he was asked to pick them up and he was praised for doing so.

The following sheet is typical of the information collected once the intervention program was in effect.

Activity WORK PERIOD **Time** 9:45 **to** 10:15

Teacher's cue	**Child Responds**	**Teacher's feedback (consequences)**			
Teacher's Request	**Child Completes Request**	**Teacher's Reaction**			
		Ignore	**Reward**	**Repeats Request**	**Other**
PICK UP THAT CHAIR PLEASE	✓		✓		
COME OVER HERE				✓	
"	✓		✓		
PICK UP THE BLOCKS	✓		✓		
GET THOSE OVER THERE	✓		✓		
PUT THEM IN THE BOX	✓		✓		
PUT THE BOX ON THE SHELF				✓	
"	✓		✓		
STAY IN YOUR CHAIR				✓	
"	✓		✓		

Continued . . .

Activity WORK PERIOD **Time** 9 45 **to** 10:15

Teacher's cue	Child Responds	Teacher's feedback (consequences)			
Teacher's Request	**Child Completes Request**	**Teacher's Reaction**			
		Ignore	**Reward**	**Repeats Request**	**Other**
KEEP THE TRAIN ON RUG	✓		✓		
TELL MR W. YOURE WITH ME	✓		✓		
PUT CAP ON THE GLUE				✓	
"	✓		✓		
GET OFF THE TABLE				✓	
"	✓		✓		
BE SEATED	✓ WITH HELP				
WIPE THE TABLE	✓		✓		
COME IN OR GET LOCKED OUT					✓ LOCKED OUT
SIT ON THE RUG	✓		✓		
SHOW ME THE FISH	✓		✓		

Exercise 4

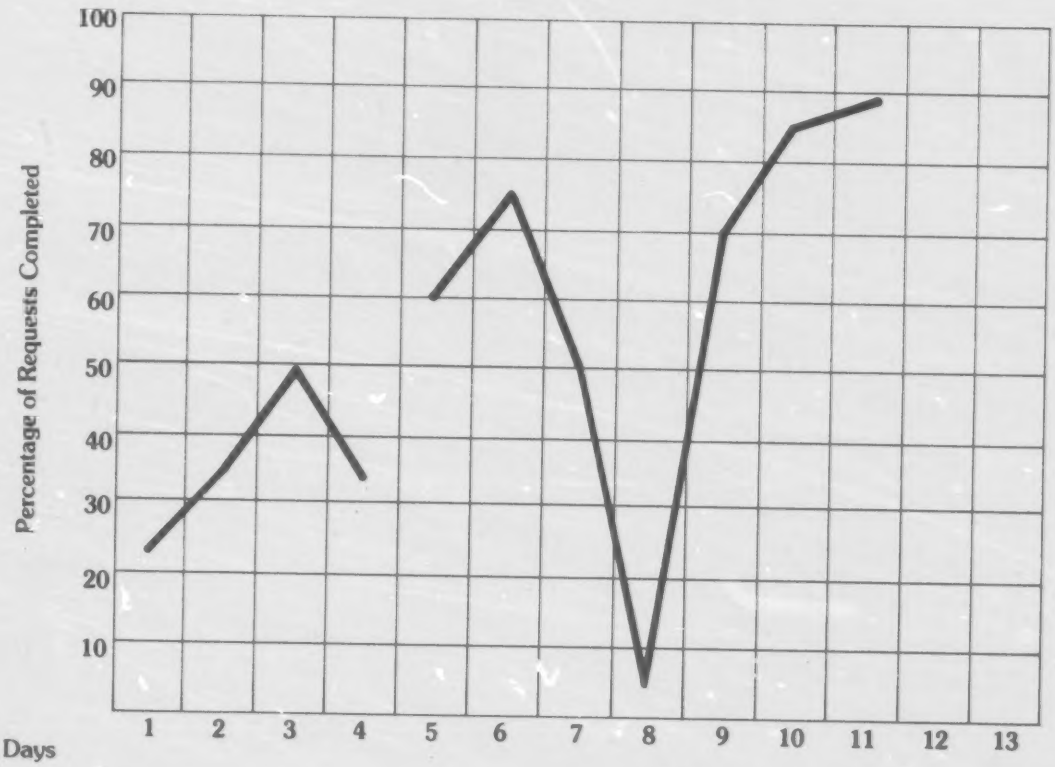
During the intervention program, when did Shawn receive his teacher's attention?

_____

_____

Before the intervention program, Shawn responded to his teacher's request about one third of the time. While the intervention program was in effect, Shawn did as asked about two thirds of the time.

The following graph illustrates the change in Shawn's behavior.



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Exercise 5

a. Shawn's teacher has described his behavior in many ways. Check the behaviors which are stated in observable terms and can be counted.

_____ a. "Shawn threw sand at Jimmy."
_____ b. "Shawn is having a bad day today."
_____ c. "Shawn whines often."
_____ d. "Shawn's mother can't control him."
_____ e. "Shawn is jealous of his younger brother."
_____ f. "Shawn seldom keeps his glasses on."

b. Read the following description of Shawn's activities and list two behaviors to increase and two behaviors to decrease. As Billy pushed a toy truck on the floor, Shawn cried, and ran to the truck. Shawn tried to get it again but Billy wouldn't let him have it. Shawn gave up and went to look at books. During snack time, Shawn swung his arm and spilled his milk. He got a sponge and carefully wiped off the table and floor. At the art table, Shawn drew a picture while sharing crayons with Debbie. When his picture was finished, Shawn began scribbling on Debbie's picture.

Name:	Date:
Behaviors to Increase	Behaviors to Decrease

c. Using the behaviors you listed for the preceding question, select one behavior as the target behavior and state reason.

_____

_____

d. Read the following description of the interaction between Shawn and his teacher, then identify the teacher's request, Shawn's response and the teacher's feedback.

> Shawn was coloring a picture and for no apparent reason threw his paper and crayon on the floor. The teacher told Shawn to pick up the paper and crayon. He smiled at her, but remained in his chair. She helped Shawn out of his seat and faced him toward the paper. The teacher repeated her request and Shawn picked up the paper and crayon. His teacher reinforced him by saying "Thank you" and patted him on the back.

Teacher's Request	Shawn's Response	Teacher's Feedback
1.	1.	1.
2.	2.	2.

As Shawn's teacher said, "He sure responds to praise." Shawn still exhibits inappropriate behavior, but generally is cooperative. Once the teacher saw this change in Shawn's behavior, she began praising the desirable behavior of all of her children.

ASSIGNMENT

1. Complete the following behavior form on a child that you know very well. List at least 5 behaviors to increase and 5 behaviors to decrease.

Behavior Intervention Form

Child's name _____ Date _____

Behaviors to Increase	Behaviors to Decrease

2. Using the above information, select a target behavior.

_____

_____

COMPETENCY 7

MODULE III

B. PRESCRIPTIVE TEACHING

7. Teaching Social Skills

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
7. DEMONSTRATES ABILITY TO ASSIST TEACHER IN IMPLEMENTING A BEHAVIOR INTERVENTION PROGRAM FOR ONE CHILD.	20.0 /		
a. describes child's behavior in observable terms.	3.0 /		
b. list behaviors to increase and behaviors to decrease.	3.0 /		
c. selects an appropriate target behavior.	2.0 /		

7. Teaching Social Skills . . . Continued

COMPETENCY	VALUE / SCORE	DATE OBSERVED	COMMENTS
d. assists teacher in counting the behavior during the same activity each day and for the same amount of time each day. Collects this baseline data for at least four days without altering methods of working with the child.	2.0 /		
e. assists in planning and implementing an intervention program which reinforces the child's positive behavior.	3.0 /		
f. assists in recounting the behavior for at least 10 days, while the intervention program is being implemented. Uses the same counting method, during same activity, and for same amount of time as during the baseline date.	2.0 /		
g. reinforces positive behavior and ignores inappropriate behaviors.	5.0 /		

MODULE III

B. PRESCRIPTIVE TEACHING

8. Sample IEP (Individualized Education Plan)

The teacher aide will be able to:

- name the components of an IEP
- give an example of the information included in each component
- explain the role of the parent in completing an IEP

Individual Education Plan

Child's Name: LAST CARROLL FIRST Louis MIDDLE John

Center or School ELMYRA ELEMENTARY SCHOOL

City ELMYRA State AR Sex Female ~~Male~~

Teacher MS. STONE Child's Date of Birth 5/29/73

Child's Primary Language English Child's Secondary Language (if applicable) N/A

PERSONAL INFORMATION

HEALTH:

Eyes: Normal Ears: Normal Teeth: Normal

Medications: None Prescribed by: — M.D.

Physical Restriction: None

Other Comments: Poor Motor Control / Developmental Lag

FUNCTIONAL ASSESSMENT

Areas of Strength: Able to count 5 objects, attentive to teacher, re-tells stories, good self-help skills, draws human figure with 8 parts. Able to work independently for 5 minutes.

Areas of Concern: Unable to copy name, unable to write numerals, uses right & left hands for writing, does not know address or phone number.

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Person(s) responsible for implementing I E P

Ms Stone

Resource Person Mr Fisher

INDIVIDUAL EDUCATION PLAN

FOR

September 30

Date of Entry into Program _____

	CONCEPTS	MATH
PRESENT LEVEL OF FUNCTIONING	tells own first name	Names circle
	tells correct age	Counts 5 objects
	Re-tells stories	
	identifies: big-little	
	" " on-under	
	" " top-bottom	
	" " more-less	
	Colors: RED, BLUE, GREEN	

Short term goals should be designed so that they take a child from his present level of functioning in a step-by-step progression (task analysis) toward his long term goals. Use the accompanying short-term goal cards to record the steps you will use to lead the child toward his long-term goals. Store these cards in this folder.

LONG TERM OR ANNUAL GOALS	Concepts			Math		
	Names colors: yellow, black, brown, purple, orange with 100% accuracy.	May		counts 25 objects correctly	May	
				Adds single digit numbers - sums up to 10 - 80% accuracy	May	
	Identifies all capitals in isolation	Jan		Subtracts single digit numbers 80% accuracy	May	
	Identifies all small letters in isolation	Mar				
	Names left & right hands	May				

SPECIAL INSTRUCTIONAL MATERIALS REQUIRED

Manipulative Materials

SPECIAL EQUIPMENT REQUIRED

None

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Persons involved in development of I E P

Ms. Stone, teacher
Mr. Fisher, Sp. Ed. Coord.
Ms. Nance, Principal
Ms. Carrol, Mother

READING	WRITING	SOCIAL
tells stories from pictures	Draws horizontal & vertical lines	takes care of younger brother
Matches lower case letters		
	Draws circles	Helps at home
		Has friends at school
		Works well in group

READING			WRITING			SOCIAL		
Matches all lower to upper case letters from flash cards	Jan		correctly writes first name independently	Nov		Shares toys during activity time	Jan	
Names all single consonant sounds from letter & picture cards.	May		correctly writes last name independently	Feb		walks to and from school unattended	Nov	
Reads any 50 sight words independently	May		correctly writes numbers 1-25 independently	Jan				

DESCRIBE THE EXTENT TO WHICH THE CHILD WILL PARTICIPATE IN THE REGULAR CLASSROOM	STANDARDIZED TEST RESULTS	
	TEST	RESULT
Resource 1 period per day, otherwise, regular classroom		

SPECIAL SERVICES RECOMMENDED AND/OR FUTURE PLANS

Psychological Testing
Further diagnostic Assessment
IEP Review meeting to be in February.

Person(s) Recommending Services

(NAME)	SIGNATURE	ADDRESS
Mr. Fisher	Jim Fisher	Sp. Ed. Coord.

Parents Signature Mrs J. L. Carroll

PARENT'S APPROVAL

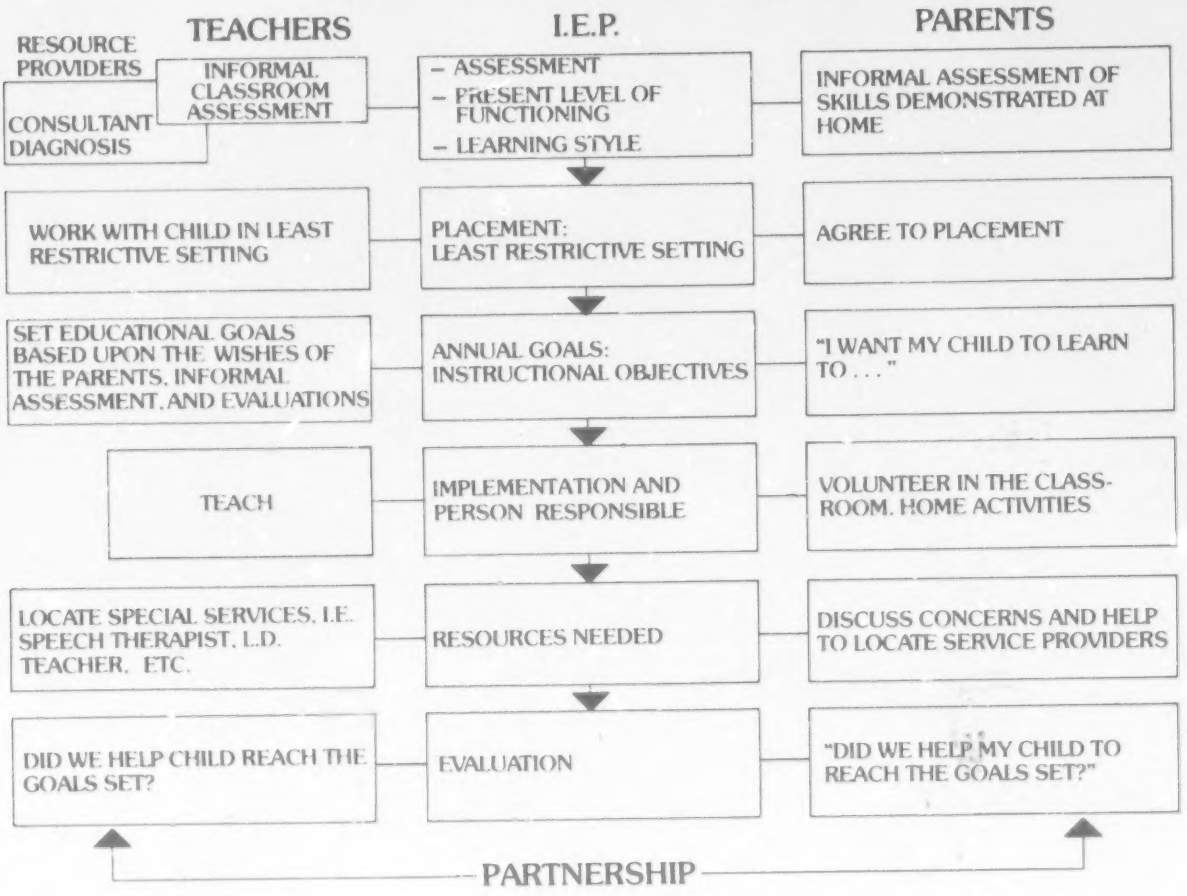
My child's folder has been reviewed by me on each of the dates listed below. The teacher has explained my child's individual educational plan to me, and I understand and approve it.

Date of Parent Conference	Parent's Signature
9/30/	Mrs J. L. Carroll

PARENTS ARE THE CHILD'S PRIMARY TEACHER.

Parents are naturally concerned with their child's progress in school. Educators must understand this concern and see parents as their partners in the development of the child's educational program.

PARENTS ROLE IN DEVELOPING AN I.E.P.


TEACHERS
I.E.P.
PARENTS
RESOURCE PROVIDERS
INFORMAL CLASSROOM ASSESSMENT
CONSULTANT DIAGNOSIS
– ASSESSMENT
– PRESENT LEVEL OF FUNCTIONING
– LEARNING STYLE
INFORMAL ASSESSMENT OF SKILLS DEMONSTRATED AT HOME
WORK WITH CHILD IN LEAST RESTRICTIVE SETTING
PLACEMENT: LEAST RESTRICTIVE SETTING
AGREE TO PLACEMENT
SET EDUCATIONAL GOALS BASED UPON THE WISHES OF THE PARENTS, INFORMAL ASSESSMENT, AND EVALUATIONS
ANNUAL GOALS: INSTRUCTIONAL OBJECTIVES
"I WANT MY CHILD TO LEARN TO . . . "
TEACH
IMPLEMENTATION AND PERSON RESPONSIBLE
VOLUNTEER IN THE CLASS-ROOM, HOME ACTIVITIES
LOCATE SPECIAL SERVICES, I.E. SPEECH THERAPIST, L.D. TEACHER, ETC.
RESOURCES NEEDED
DISCUSS CONCERNS AND HELP TO LOCATE SERVICE PROVIDERS
DID WE HELP CHILD REACH THE GOALS SET?
EVALUATION
"DID WE HELP MY CHILD TO REACH THE GOALS SET?"
PARTNERSHIP

MODULE III

B. PRESCRIPTIVE TEACHING

1. Objective Observation
2. Functional Assessment
3. Instructional Objectives
4. Task Analysis
5. Teaching Strategies
6. Preparing Written Plans
7. Teaching Social Skills
8. Sample I.E.P.

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MODULE IV

UNDERSTANDING FAMILIES

The teacher aide will be able to:

- participate in group discussions about the unique needs of families of handicapped children
- display an understanding of some of the problems faced by families of handicapped children
- offer suggestions for meeting some of these needs
- explain the role of the Special Education Teacher Aide in working with families of handicapped children

MODULE IV

UNDERSTANDING FAMILIES

The teacher should always remember that the child, handicapped or not, does not exist in isolation. He is a member of a family, and as such, he is affected by the way in which the family members interact, the attitude of parents and siblings toward him, his attitude toward his parents and siblings, and by the hundreds of home factors that affect us all.

Although the handicapped child shares many things with the non-handicapped child, he is often faced with far greater difficulties than is the non-handicapped child. In the same way, the family itself is often different from the family of the normal child.

Parents and siblings of handicapped children, and indeed, handicapped people themselves, face enormous adjustment problems, not only physical but emotional and psychological as well.

It is important that the teacher have a special sensitivity to the unique circumstances that surround the handicapped child and his family. If possible, it is important for the non-handicapped person to empathize (put yourself in their place) with the handicapped and their families.

If you are not handicapped, however, it is often difficult to fully understand the joys and sorrows of the handicapped. It is difficult to imagine, for example, the feelings parents might have when they are first told that the newborn baby has Down's Syndrome. It is difficult to comprehend the dark world of the blind, the silent world of the deaf, the dependency of the quadriplegic, or the incomprehensible and private world of the autistic child.

It is impossible for us to let you enter these private worlds. Nevertheless, we have tried to provide a glimpse by asking a number of people to share with us some of the events that shaped their lives and the feelings they experienced as they tried to build their place in the world. Not only does the handicapped person himself experience a unique set of circumstances, but the family of the handicapped person must adjust to the reality of the physical or intellectual limitations with which their loved one must cope.

It is impossible for us to experience something that has happened to another person. But, if we are sensitive to what he tells us and to the unique circumstances that surround his life, it is possible for us to develop an empathy for him, and to respond to him more honestly.

We have asked four individuals to share their private worlds with us. Each has a unique story to tell, and each has much to teach us.

Bill DuVall is the father of a retarded infant, Eric. In his own personal story, he allows us to share, however remotely, the disbelief and grief that greets the parent of the retarded at the moment of discovery. But, he shares also, his determination to provide Eric with the brightest future possible.

THE SURVIVAL OF ERIC by Bill DuVall

My son Eric was born Jan. 10, 1977. As I watched Eric take those first breaths of life, visions of his future flashed before me. Would he be a doctor or a lawyer? Surely he would be successful at whatever he chose to do. Those dreams were soon to vanish. My son's life was and is a job of survival. Eric's first days were filled with ups and downs. He would not eat and lost from a birth weight of 7 lbs. 5 ozs. to 6 lbs. 12 ozs. Eric also displayed certain traits that pointed to chromosome damage: smaller than normal head, single palmer crease, epicanthic folds with slanted eyes and low set ears. Although Eric displayed these traits, our pediatrician told us not to worry. We would adopt a wait and see attitude.

Over the next few months Eric developed slowly but at acceptable levels. By the time Eric was six months old his development was beginning to lag. During this time period Eric's chromosomes had been analyzed. Results: NORMAL. Upon hearing this news some of my fears were resolved. With Eric's chromosomes normal and our doctor's encouragement that Eric was developing at a slow but steady pace life seemed somewhat brighter. Over the next six months Eric's development continued to fall behind. By the time he was a year old it was obvious to me that there was something wrong with Eric. At this time we were referred to JFK Child Development Center in Denver.

On Feb. 1, 1978 my wife Linda and I drove our son Eric to Denver, a short two hour drive from our home in Pueblo. My son was evaluated by the doctors and in a very short time we had a diagnosis. My son suffers from a rare mental retardation syndrome. The name, Rubenstein-Taybi Syndrome, was as difficult to pronounce as my son's retardation was hard for me to accept. It was on that day, more specifically, during that drive home, that I resolved that my son would survive. But survive as what? Would he walk? Talk? Would he be institutionalized? Will he ever have a life of his own?

Over the next year of Eric's life some of these questions were answered. My son now takes a few independent steps. He has a very limited vocabulary, but one that I am very proud of. He says Dada. Although these accomplishments would seem small and insignificant to the father of a normal child, they represent major milestones in the development of a retarded child like Eric. It is the small and insignificant things that normal children do such as sitting up, crawling, picking up a ball and stacking blocks that present major hurdles for these children. These accomplishments are not easily come by. The work involved and the hours spent in accomplishing just one of these tasks may run into months and even years. For my son these accomplishments were brought about directly by my wife, myself, and those teachers and aides at his Infant Stimulation programs.

As for the major questions of Eric's survival, these are yet to be answered. Will my son grow up knowing only the inside walls of an institution? Or will he be an independent functioning person in our society? This will depend greatly upon the educational system of our present home state Arkansas and the implementation of P.L. 94-142. Although P.L. 94-142 guarantees all handicapped children an appropriate education, Eric and I must rely on those persons involved directly with his education. Specifically those teachers and aides who will be working with my son and other children like Eric. Although the task will not be simple, the hours will be long and there will be frustration, Eric and all handicapped children will be able to learn. And learning is the key to Eric's survival as an independent, functioning adult in our society.

PATTY MOONEYHAM

Patty has a totally different perspective on living with a handicapped person than did Bill DuVall. In Bill's case, he had to watch his hopes and dreams for his son's future vanish. He had to reset his goals, and adjust to limited expectations.

Patty, on the other hand, grew up alongside a retarded sister. As a child she had to learn to be patient with Louise, to be supportive of her, to be her teacher, and cope with the cruelty of others.

Patty has just finished Focus on Children, Inc.'s course in Special Education Teacher Aide Training. She has wanted to work with handicapped children, as she has eighteen years of personal experience.

PATTY MOONEYHAM

There were three of us girls. I was the oldest and Joni was the middle sister. I was six when baby sister Louise was born. We lived outside of a town in Arkansas, a town of about 200 located 12 miles from the county seat, population 10,000.

Louise is 18 now and she is mentally retarded. Her problem was not discovered at birth. Mother never understood why Louise was retarded except that when she was carrying Louise she had to go into the hospital. She had all her teeth removed and nearly bled to death. Louise looked healthy at birth and nothing has ever been pinpointed.

During the early years, Louise stayed sick a lot. She was easy to catch cold or flu and had tonsilitis quite a bit. The family doctor said Louise was just slow and it would take time and not to push her. The doctor did not mention retardation. Although I didn't say anything, I knew things were not right. Louise didn't walk until she was about four. Still we were told she was slow and would be normal. We were told this up until she was about ten or eleven.

Louise wasn't a problem in school but in the third grade we found out why. Louise received unsatisfactory marks on her report card at that time. I went with Mom and Daddy to the teacher conference. The teacher said that they were going to retain her. They had stopped trying to teach her. Instead they gave her coloring books and let her sit there. I don't think it benefited Louise just to sit there and color because they didn't get down on her level to teach her. They decided instead to just keep moving her along with her class.

When she was in the fifth grade the principal told my parents to take Louise to Little Rock to have her examined. They ran tests of all kinds and told us that she was retarded 5 years and her mind never would function past that of a 6 year old. She stayed in the regular classroom that year, but when we moved into town, she started attending a special school for the retarded.

Louise was teased a lot at school and it made her very mad. Mom and Daddy would get calls from school saying Louise was crying because she had been teased and wanted to come home. At the school, Louise said they made her change the babies' diapers and do the cleaning up. Louise told me that Mama and Daddy had put her there to learn to read and write and she couldn't learn while changing diapers and washing dishes. Louise quit going at age 15 and has been at home with Mama for the last three years.

A lot of what Louise could do was taught to her by myself and Joni. Mama and Daddy gave us that responsibility because they felt that Louise would try to do whatever her sisters could do. We helped her to learn to dress herself, clean up her room, make her bed, fold her clothes and put them away and even cook some. She had other chores like picking up her toys before bed. She learned to eat by herself although she dropped things off her spoon because she was very nervous. Joni and I taught Louise to print her name. Louise has also picked up needlecraft and can do some other things with a needle and thread.

We enjoyed teaching Louise but it wasn't always easy. Kids would tease me about her. They would come up and say, "Ha, Ha, you have a dumb sister." We were always teased about Louise being a dummy. It would make my blood boil! We had trouble sometimes playing games when we tried to include Louise. I would insist on letting her play with me. One time in particular, we were all at church playing ball and Louise wanted to play but the rest of the kids didn't want her to play. I let Louise get behind the kids and catch the balls they missed. When they saw she was going to go ahead and play, they accepted it and didn't say any more. I enjoyed taking Louise when she would go somewhere but most of the time she would rather stay with Mama. Louise teased us saying that all we wanted to do anyway was ride around and around the town square until we got dizzy drunk.

She would go to the show. We took her to skate but she spent all her time on her bottom. After that she would go but just to watch. She goes to church every Sunday and Wednesday and loves to listen to gospel music. For the most part, going places with Louise was no problem except that people would stare. Growing up with Louise made me realize more about handicaps. I've thought of calling Louise a lot of things. They've come to mind but never come out.

Our whole family was different because Louise was handicapped. I remember people asking Mama why she didn't send Louise off to some school where she could be around people like herself. Mama and Daddy wouldn't hear of that. In fact, Daddy would get mad whenever anyone would say she was mentally retarded. Mother believed the doctors and accepted it but Daddy couldn't. He said they were just after his money. Mother noticed things Louise couldn't do that Joni and I could do at her age.

Louise got to be Daddy's pet. She always got more attention from Mama and Daddy and got what she wanted. We felt they were partial to her. She would get what she wanted and we would have to do without and that hurt. We wanted pets but we couldn't have them, but when Louise wanted a cat or a dog they saw to it that she got one. They felt that they had to get it for her to pass the time away. Anything she wanted they would get for her if they had the money. Mama still gets her anything she wants.

Mama and Daddy felt like they had to do this because the doctor had told them not to upset her in any way. He told them not to discipline her and never to spank. My sister and I would keep her aggravated most of the time though. We felt that if she got everything she wanted and we didn't, that we were going to get her some way. She would stick out her hand and dare us to hit her. We would do other things to keep her mad, too! Whenever there was not enough money to get her what she wanted she would cry and be sulky but she would get over it.

My parents had problems with people talking about Louise. When they went to the grocery store, people would say, "There goes the people with the dumb kid." Daddy said a few things and told people off a couple of times. He got upset and was afraid he would hurt someone if they kept it up. He got to where he wouldn't come in. Instead he would stay in the car while we got groceries.

I have my own family now. After I got married I told my husband I had a retarded sister. Louise weighs 265 pounds and is 5'7" tall. Mama is trying to get her to lose weight but can't. My husband thinks Mama should put her foot down, spank her, and make her lose weight. He just doesn't know that it isn't that simple.

I feel that a family with a handicapped child needs to set up an atmosphere with lots of love and understanding and do everything they can to help the child. My parents did this to a certain extent but by giving her everything she wanted they have made new problems. Louise was really close to Mama and Daddy, and since Daddy passed away last year, she won't leave Mama. She won't even come spend the night with me.

Grandmother has moved in with Mama as she has been really sick lately. Joni and I know that we need to come up with a plan for Louise if something should happen to Mama. Mama knows Louise could not move in with Joni or me because it would cause too many family problems. We need to get her going to the sheltered workshop and have tried to get her to go. So far Mama will not insist that she go, but something needs to be done. Joni and I are working on a plan to approach Mama with now. Louise can cook and could probably fit into a sheltered workshop and maybe a group home. If we can get Louise started as soon as possible, there is hope.

THE CHANEYS

Lillian and her husband Jim have many years of professional experience working with special children and adults. Lillian was the Educational Director at a state institution for handicapped children and is currently a consultant to programs serving special children. She has been a strong advocate for the rights of handicapped individuals in Arkansas.

MY SON, JOHN By Lillian Chaney

My Down's Syndrome son John does not suffer from mental retardation, even though he has what is generally called a moderate degree of retardation. As a matter of fact, I have discovered that John enjoys a very happy life. I would suppose that his adaptive behavior is commensurate with that I.Q. score, although I have to say that at some times his adaptive behavior is sheer genius. For example, after spilling flour all over the kitchen floor, John's ability to pull the situation together by taking my hand, kissing it, and saying, "I love your hair," is brilliant. At other times his storing the frozen fish in with the canned goods has given us problems.

John is my youngest child by six minutes. He has a fraternal twin named Donald. Sheer vanity compels me to tell you I have very unusual twins in that Donald's ability is in the range of the intellectually gifted. Both boys have been in special programs within the public school system. John also has three older sisters.

At the time of John's birth I realized that he had Down's Syndrome. This was confirmed to me by the obstetrician. I had the sense of being overwhelmed by the responsibility of having a mentally retarded child in addition to a first grader and three preschoolers. As time progressed, I always had the thought that if things did not work out that I could place John in an institution. When John was three years old, my husband and I discussed the issue of whether institutional placement would be best for John and decided that we would all be happier if we raised John at home. I believe that it was at this time that I allowed myself to truly love him.

All the members of our family, including all of John's siblings, would say that John is a meaningful and joyful part of our family. I do not mean to indicate that this has always been easy. My husband and I, along with other parents, found it necessary to lead a rather ugly fight with an uninformed public school system in order to provide public school education for John. The rewards were an excellent public school education for John and strong commitment by the school board to quality education and provision of good experiences for moderately retarded students.

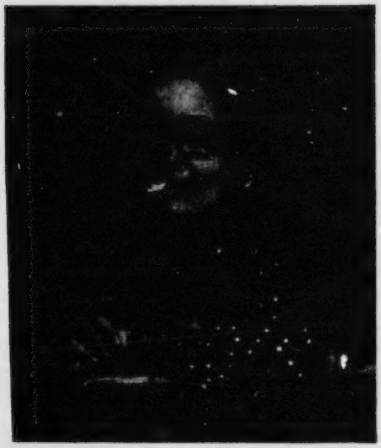
There have been other things I am more acutely aware of since being the parent of a mentally retarded son. One is the way in which people tend to group certain types of individuals together. I'm always a little cautious of people when they tell me, "Oh, I just love little Down's Syndrome children." John may be a little Down's Syndrome boy, but he is not just any little Down's Syndrome boy, he is uniquely himself. Also, I have become very cautious of programs which serve the mentally re arded but refuse to hire or make no effort to hire those handicapped persons or who always insist on hiring white middle-aged males when they are not the most qualified. Hiring less qualified people seems to inevitably result in poorer quality programs for our children. I have also found the old adage "they are more like us than they are different from us" to be not only something to say to Civic Clubs but something that is really true. I watched John going through cycles of development, much slower than the average child, to be sure, but nonetheless, making that same trip. I now think about his growing up years and what he will do when he becomes 18. This I know: he will work and will need to live somewhere apart from us. Where this will be I do not know yet; I only know that it will happen. I will not limit those expectations for him. Eleven years ago I never thought that John would be able to add and subtract sums of figures on paper or to read simple sentences, but he is able to do that now.

Letting John go could probably be best explained by telling a story about a wealthy farmer who lives in our area. This man has a Down's Syndrome son who is now grown. The farmer owns a vast amount of rice and soybean land. During the busy farming months he employs many people to plow and harvest the fields. His son likes to go out into the fields and walk around to observe the operation. When the boy gets tired he simply sits down in the middle of a field. The farmer has instructed all of his workers to go over into the next field and work and let the boy sit there, even if it is all day. This farmer is fond of saying to people, "That boy means all the world to me. I love him more than anything." I'm sure he does, but the type of love that I feel for John says I must not give him an unrealistic view of the world. I must say to John Chaney, "You are going to have to learn to watch out for the tractors in this life."

PATRICIA McGEE

Patricia was a trainee in Focus on Children, Inc.'s Special Education Teacher Aide Program. She brings a special perspective to our chapter on "Understanding Families" because she was born with cerebral palsy.

Here is what Patricia has to say about what it was like for her to grow up with cerebral palsy.



I was approximately 18 months old when my family physician referred me to an orthopedic specialist. My condition was diagnosed as cerebral palsy. My parents probably knew before the diagnosis but kept telling themselves that I was just late in development.

My mother was very over-protective and always sheltered me, whereas my dad was merely indifferent to me. I think that my mother just had fears for me—didn't want me to get hurt. Actually, her fears handicapped me as much as the cerebral palsy. I probably could have done a lot of things which she had evaluated that I couldn't or shouldn't do. I remember that I couldn't wait to learn to wash dishes. I finally did get to wash dishes and dust the furniture—always the easy tasks. I never really got any challenges; it was always "You can do this but you can't do that." I heard the word "can't" many times. Growing up with that attitude has hindered me very much in my adult life. It has caused me not to have as much confidence in myself as I should have and I get to thinking that I can't do certain things.

One of the best things to happen to me during those early years was the birth of my brother. Being two years younger than I, he served as a model for me. Our relationship was always good and I learned to do a lot of things through him.

There were no special schools or classes in my area; I attended regular public schools. However, as I look back on my school days, a regular class in the public school is probably where I should have been. It was not easy because soon after I started 1st grade the teacher sent me home and told my mother that I couldn't learn. I think that I would be fairly safe to say that they didn't test me; it was just her evaluation so you know people can be wrong and it proved to be wrong. Mother was so determined for me to go to school, therefore, she kept sending me. The teacher had no choice but to continue working with me.

I shall never forget my second grade teacher. She was the one who realized that I could learn even though it was a struggle at times. During math or reading she would give me special work time and help me very much like special education teachers or aides would do today.

As far as school was concerned, everything went rather smoothly until I was ready for the seventh grade. Our school was a small, rural school and the junior and senior high students were all in the same building. My older brother was a senior that year and had strong feelings against my moving into the seventh grade where we would be in closer contact. He felt that if he were to see me fall down or get pushed around it would embarrass him. As a result, I stayed in the sixth grade another year until he graduated. I didn't let this get me down. I adjusted and even now I don't think about it. I try and think about the earlier years when he would help me get on and off the school bus. I am sure he was just overly concerned and also he was at the age where you are so afraid of what your peers might think.

My childhood friends seemed to accept me and have a good attitude toward me. I wasn't left out. I remember that I couldn't jump rope but that was okay because I could throw the rope. We sort of made up games and ways that I could join in or they would just sit and talk with me. Since I've been grown, my mother has told me how the other mothers were always concerned over their children accidentally hurting me. I'm sure that this did not help my mother's over-protective attitude. However, it was the parents' concern and not that of my friends.

I have been living on my own now for five years. Leaving home was one of the most traumatic events in my life and it took me six years to make the break. I had never stayed all night by myself, shopped by myself—any of the things one has to do when living independently.

During that decision making time, my family was constantly saying, "You can't live alone." I knew that there was nothing in my small community for me and that life had to be better.

On May 9, 1975, I boarded a bus to travel 200 miles to my new home. Social Rehabilitation Services had recommended that I go through training at their Rehab Center there. I did so and have had many successful experiences since that time.

You know, as I look back, I wonder if I ever really felt different. I just knew that I had limitations.

A PARENT PANEL

The look that we have just taken into the private lives of the handicapped and of those who love them might have given us a new, and maybe startling perspective on the joys and sorrows of these individuals.

Sensitivity to the unique circumstances of the handicapped and of their families is vital to your performance as a Special Education Teacher Aide. Without it, you might have unreasonable expectations of handicapped children and of their families, and perhaps, you might fail to provide the assistance and understanding for which many people will turn to you.

One of many good methods for gaining an understanding of the impact that a handicapped child has on the total family is through the use of the Parent Panel.

Many parents, siblings, and handicapped individuals are willing and eager to talk to others about their experiences as a way of changing the attitudes of society toward them.

Your workshop leader has arranged to have several parents of handicapped children share with you their personal experiences. Listen to what they have to say, and feel free to ask questions.

Before you do so, however, and before the speakers join your group, divide into small groups of four or five participants and develop some questions for the discussion.

Discussion Questions:

1. What additional problems does the family with the handicapped child face?
2. What changes are there in family members who grow up with a handicapped child?
3. How do you feel about the educational services that handicapped children are receiving and how have the teachers reacted?
4. Do you think teachers expect more of parents of a handicapped child than of parents of a non-handicapped child? Why or why not?
5. Do you think that parents pay more attention to their handicapped child than to other children in the family? Why or why not?
6. How can over-protective or over-critical parents hinder the development of a handicapped child?
7. What type of atmosphere should a family try to set up for a handicapped child? Should they be treated like other children?
8. Should a family make plans for the child to leave home at some time? Why or why not?
9. What daily problems do you think families of special children have, such as getting babysitters, etc.?
10. Why do you think that professionals tell parents that their child will outgrow his problem?

MODULE IV

UNDERSTANDING FAMILIES

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MODULE V

BASIC JOB SKILLS

It is most important that you be competent as a special education aide, but to become employed, you also need to have these basic job skills. These skills are a combination of attitude, appearance, and personality factors that tend to make you, the teacher aide applicant, more or less employable.

During the teacher aide training, at least two indicators of performance will be included. The teacher aide evaluation scale will be filled out toward the end of the course by the supervising teacher. It cannot be over-emphasized that a good working relationship needs to be established as early as possible between you and the supervising teacher. During the course, observations by the course instructor will be recorded and will also serve as an indicator of basic job performance. The instructor will point out those job skill areas in which you, the teacher aide trainee, need improvement.

These basic job skills are so important that many employers will not consider applicants that are low in even one area. Throughout the teacher aide manual, many of these basic job skills have been noted as important, but since they are so critical to employability, they are worth isolating here.

Those job skills which are the most important are:

1. Is regular in attendance and arrives promptly.
2. Knows and follows school policies and regulations.
3. Takes initiative and is enthusiastic about working.
4. Cooperates with the teachers and is flexible with teachers, co-workers, and students.
5. Displays appropriate model behavior for children in the classroom.

The teacher aide evaluation scale follows and is much more comprehensive. Together, these two basic job skills ratings will serve as the rating of how employable you are. Refer to your teacher aide evaluation scale often to guide your performance.

Teacher Aide Evaluation Scale

Each teacher and principal to whom an aide is assigned should evaluate the aide independently. If the aide works with more than one teacher, the evaluation should be a joint effort between these teachers.

TEACHER AIDE _____ SCHOOL _____ EVALUATOR(S) _____

E=Excellent S=Satisfactory N=Needs Improvement U=Unsatisfactory

I. TEACHING METHODS

	E	S	N	U
a. Implements the teacher's plans for each child's IEP				
b. Determines instructional objectives and designs appropriate lessons				
c. Follows the daily routines for the class				

II. RELATION WITH TEACHER

	E	S	N	U
a. Cooperativeness				
b. Enthusiasm				
c. Flexibility				

III. RELATIONSHIP WITH CHILDREN

	E	S	N	U
a. Interest in children				
b. Control				
c. Children's reaction to aide				

IV. TEACHING MATERIALS/ CLERICAL DUTIES

	E	S	N	U
a. Makes materials designed by the teacher				
b. Designing and making appropriate materials				
c. Keeps materials and room in order				
d. Efficiency				

V. OTHER FACTORS

	E	S	N	U
a. Attendance				
b. Punctuality				
c. Initiative				

VI. PERSONAL QUALITIES

	E	S	N	U
a. Neat and well groomed				
b. Has emotional control				
c. Tactful				

COMMENTS: _____

_____

_____

_____ Signature _____

Date _____

—adapted from form developed by
Hot Springs Public Schools
Hot Springs, AR

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APPENDIX

Annotated Bibliography of Training Films, Filmstrips, and Video Cassettes

"A Child is a Child"

A film showing young handicapped and non-handicapped children in preschool setting. Emphasizes that children, regardless of handicapping conditions, have much in common with each other. Color/8 minutes. Aims Instructional Media Services, Inc., 626 Justin Ave., Hollywood, CA 90028

"Building Social Skills"

A Head Start child with severe behavior problems is enrolled in a resource classroom. This film illustrates the methods used to change his behavior; taking data, ignoring inappropriate behavior and the use of positive reinforcement are emphasized. Color. Experimental Education Unit, CDMR Center, University of Washington, Seattle, WA

"Characteristics of Children With Special Needs"

(Sound filmstrip) Describes characteristics of students with learning problems, as well as special-needs student's similarities to other students. This filmstrip emphasizes looking at strengths and weaknesses and avoids traditional labeling of handicapping conditions. (Part of the series **Approaches to Mainstreaming**) Teaching Resources Corporation, 100 Boylston St., Boston, MA 02116 15 minutes

"Children Are Not Problems, They Are People"

Preschool setting on the University of Kansas campus, with a mixture of normal and handicapped children in same class. The mixed grouping allows for considerable flexibility to meet individual needs. Good demonstration of group working on number concepts with individual range from numerical identification from 1-20 to showing one finger; also, self-help skills ranging from complete independence in feeding to providing instruction in use of spoon within the same group.

Classroom has two teachers who engage in an excellent, honest discussion regarding such topics as: teaching retarded children not out of love, but because they can be taught and "retarded behaviors" being experimented with by normals, but not persisting. Color/30 minutes. Bureau of Child Research, The University of Kansas, Lawrence, KS 66044

"Coordination and Readiness Activities"

(3/4" video cassette only) Illustrates teaching techniques and activities which facilitate language development in young handicapped children. Highlights multisensory materials. 20 minutes. Developmental Learning Materials, 7440 Natchez Avenue, Niles, IL 60648

"Cry Sorrow, Cry Hope"

A very dramatic presentation of the process of acceptance by a white middle class family who came to terms with the mental retardation of their preschool child and its implications for their roles in the family. Color/Approx. 1 hour—2 reels. WQED Metropolitan Pittsburgh Public Broadcasting Company, 4820 5th Avenue, Pittsburgh, PA 15213

continued . . .

"Cynthia Dresses Herself"

Clearly demonstrates the task-analysis model for teaching a young handicapped child to dress herself. Appropriate for parents, teachers and paraprofessionals. Color. Demick Motion Picture Services, 5258 N.E. Sandy Blvd., Portland, OR

"Devices for Self-Help Task Performance: Moving from Place to Place"

Demonstrates use of many prosthetic devices for **severely** handicapped (with minimal retardation, if any). Many of the devices are inexpensive and simple to construct. Color/18 minutes. National Audio-visual Center, Washington, DC

"Enchanted Years"

Normal child development is traced from birth through six years of age. Particular attention is given to concept and language development. Major researchers are interviewed and research projects are briefly described. Color/40 minutes. MGM, 1144 Willmette Ave., Wilmette, IL

"Exceptional Times, A Historical Perspective of Special Education"

This film is designed to develop an awareness of the struggle for equal humanity that exceptional people have been engaged in for half a century. The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091

"Exploring Childhood"

A comprehensive multi-media program designed to help junior and senior high school students "...learn about child development and themselves while working closely and regularly with young children." Write for the catalog of materials. Educational Development Center, Inc., 55 Chapel St., Newton, MA 02160

"Find the One That's Different"

Contrasts two first grade teachers in their observations of and attitudes toward students with learning problems. Offers some practical advice to regular educators. Color/15 minutes. Hubbard, P.O. Box 104, Northbrook, IL 60062.

"Graduation Day"

Depicts severely retarded children at Parson Hospital in Kansas. Demonstrates self-care skills, some pre-academic skill instruction, and a very good demonstration of the steps necessary in teaching basic, simple motor imitation. Also demonstrates modeling, prompting, fading, shaping and the use of positive reinforcements. Color/15 minutes. Bureau of Child Research, 223 Haworth, University of Kansas, Lawrence, KS 66044

continued . . .

"Handling Behavioral Problems"

(Sound filmstrip) Presents common behavioral problems which teachers may face in working with handicapped students and suggests alternative strategies for handling these problems. (Part of the series **Approaches to Mainstreaming**) Color/15 minutes. Teaching Resources Corporation, 100 Boylston St., Boston, MA 02116

"Improving Instruction for Students With Learning Problems"

Demonstrates a variety of instructional techniques for educating mildly handicapped students in both regular and special educational settings. The resource room approach and the use of paraprofessionals are highlighted. (Part of a series of 11 films; also available in 3/4" color video cassettes) Color/35 minutes. Charles E. Merrill Publishing Co., 1300 Alum Creek Drive, Columbus, Ohio 43216

"Including Me"

Patricia O'Neal narrates this film. Six case studies are described with each depicting a different handicapping condition. The film demonstrates the interaction of handicapped and normal people of different ages and in many situations. Media 5, 3211 Cahuenga Boulevard West, Hollywood, CA 90068

"Individual Differences"

(Sound filmstrip) Discusses individual learning styles and factors which affect them. (Part of the series **Approaches to Mainstreaming**) 15 minutes. Teaching Resources Corporation, 100 Boylston Street, Boston, MA 02116

"It's Harder for Patrick"

A portrayal of the effects of a retarded child in the family with particular emphasis on the feelings and concerns of "normal" siblings. Color/7 minutes. Films Incorporated, 733 Green Bay Road, Wilmette, IL 60091

"James and John"

Shows a family with twin boys who have Down's Syndrome. Most of the scenes are in the home with some shots in the school and community. Color/35 minutes. Peach Enterprises, Inc., 4649 Gerald, Warren, MI

"Just for the Fun of It"

Demonstration of gross motor activities with school-age moderately retarded children. Most activities are conducted in small groups with some individualization. Most of the materials used are inexpensive and easy to duplicate. Color/25 minutes. AIMS Instructional Media Services, Inc., 626 Justin Ave., Hollywood, CA 90028

continued . . .

"Keep on Walking"

Film about an 11 year old boy, Marty, with multiple birth defects and prostheses on both arms, his relationship with classmates and his family's attitudes. Color/8 minutes. National Foundation March of Dimes.

"Kirsten Learns to Eat"

Clearly demonstrates the task-analysis model for teaching a young handicapped child to feed herself. Color. Demick Motion Picture Services, 5258 N.E. Sandy Blvd., Portland, OR

"Kurt: A Retarded Child in the Family"

The mother is central as she works out of her quiet feelings and allows herself the enjoyment of her bright and energetic son who has Down's Syndrome. B&W/11 minutes. Polymorph Films.

"Lisa's World"

Award-winning film narrated by the mother of 7 year old Lisa, a mentally retarded child. Lisa's mother describes how her daughter's handicap affects their home and family life and their concerns for Lisa's future. Color/25 minutes. The University of Michigan Television Center, Ann Arbor, MI 48109

"Nicky, One of My Best Friends"

Shows viewers how successful mainstreaming can be, whether it be children with low incidence handicaps like Nicky who is [illegible]d, or children with mild handicapping conditions. Nicky's friends discuss their relationship with him and add many enjoyable comments to this film. Also demonstrates effective use of support services. Appropriate for parents, students, teachers and aides. McGraw-Hill Films, Association Films, Inc. 8615 Directors Row, Dallas, TX 75247

"Organizing Your Classroom"

(Sound filmstrip) Illustrates various techniques for scheduling and classroom organization to accommodate individualized instruction within the regular classroom. (Part of the series **Approaches to Mainstreaming**) Color/15 minutes. Teaching Resources Corporation, 100 Boylston St., Boston, MA 02116

"Rewards and Punishment"

A pleasant film demonstrating the use of the positive approach in a preschool setting. Color. DRM Educational Films, Delmar, CA

"Sara Has Down's Syndrome"

A glimpse into the family life of Sara and her non-handicapped siblings. This film is done entirely in Sara's home. (Part of a series of films on early childhood development and learning—**Exploring Childhood**) Color/16 minutes. Educational Development Center, Inc., 55 Chapel Street, Newton, MA 02160

continued . . .

"Sequencing, Memory and Language"

(3/4" video cassette only) Demonstrates teachers working with handicapped children to develop skills in "balance and mobility, manual dexterity, language and problem solving". Color/20 minutes. Developmental Learning Materials, 7440 Natchez Avenue, Niles, IL 60648

"Target for Tomorrow"

Clearly illustrates writing and using instructional objectives. Color. Audiovisual Center, Media Library, University of Iowa, Iowa City, Iowa

"The IEP: Making It Happen"

Illustrates instructional techniques for handicapped students. Covers a wide range of ages and disabilities. (Part of a series of 11 films; also available in 3/4" color videocassettes) Color. Charles E. Merrill Publishing Co., 1300 Alum Creek Drive, Columbus, Ohio 43216

"We Tip-toed Around Whispering"

Shows parents of children who have been diagnosed as being deaf, describing the conflicting advice given by professionals. Many of the comments made by parents apply to all handicapping conditions. Color. Total Communication Laboratory, Western Maryland College, Westminister, MD

"Who Did What to Whom"

Short role plays of various situations, at home, office, and school. It's necessary to stop projector after each scene for discussion. Can be used for introducing principle of behavior management and for practice in objective observation. Accompanying instructor's manual is helpful in facilitating discussion. Color/variable length, allow 45 minutes to 1 hour for entire film and discussion. Research Press, 2612 North Mattis Ave., Champaign, IL

"You Have to Start So Small to Even Make an Inch"

Describes developmental approach to working with autistic children. The program that is described presents a clinical and a classroom approach to services for children and parents. Division TEACCH, Dept. of Psychiatry, School of Medicine, 214 Medical School/Wing B/207H, Chapel Hill, NC 27514

*Note: *Many of the films listed after the "UNDERSTANDING FAMILIES" section are appropriate to use as a part of introducing "Handicapping Conditions". See Section IV.*

POSTSCRIPT

The authors have attempted to provide the adult educator with the essential tools for designing, conducting, supervising, and evaluating an inservice training program for paraprofessionals in special education. We hope that we have achieved this goal.

If there are questions that remain unanswered, or if you would like assistance of any kind, please feel free to contact:

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